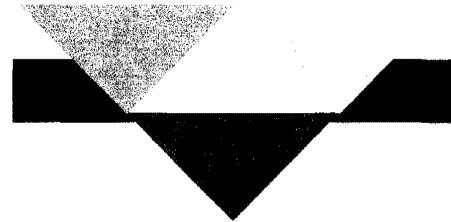


MISSOURI DEPARTMENT OF
**MENTAL
HEALTH**



HOPE
▼
OPPORTUNITY
▼
COMMUNITY INCLUSION

Appropriation Summaries
▼
FY 2009
Governor Recommends

**Department of Mental Health
FY 2009 Governor Recommends
Appropriation Summaries**

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Administration (Director's Office)

What does this appropriation support?

The Director's Office has a leadership role in the Department's efforts to establish state policies, standards, and outcomes for state programs that affect mental health. The Director's Office is active in the development of policies and standards in MO HealthNet and insurance as these relate to the population served by the Department. DMH will also work with other agencies to define target populations, and to develop interagency agreements, needed legislation, interagency funding strategies in collaboration with local entities and consumers.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$823,257	\$655,230	\$678,552	\$697,295
FEDERAL	\$106,077	\$38,298	\$112,896	\$113,581
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$929,334	\$693,528	\$791,448	\$810,876

FTE: 9.52

What are the sources of other funds?

N/A

Who is eligible?

N/A

Where is the program located?

Supports DMH programs statewide.

How many people have been served?

	FY05	FY06	FY07	FY08 Proj.
ADA:	49,511	51,713	55,602	58,496
CPS:	73,929	75,464	75,990	75,990
MRDD:	30,358	29,081	29,072	30,050
Total:	153,798	156,258	160,664	164,536

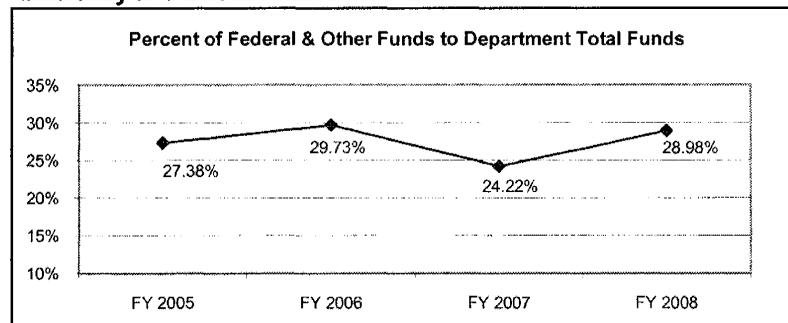
What is the authorization for this program?

State statutes: 630.015, 630.020 and 630.025 RSMo.

Federal law: N/A

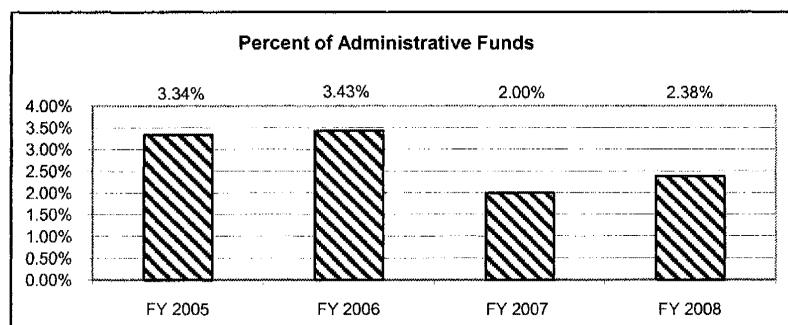
Federal regulation: N/A

Efficiency and Effectiveness Measures:



Are there federal matching requirements?

No.



Does this program generate other revenues?

No.

Mental Health Book 1, Page 371

Governor Recommends New Decision Items:

General Structure Adjustment - \$19,428 & 0.00 FTE

Overtime

What does this appropriation support?

Senate Bill 367, passed in the 2005 legislative session, allows employees providing direct client care in state institutions that are operated 24 hours a day, 7 days a week to request payment in lieu of compensatory time off. These requests may be made and must be paid each month. This includes federal, state, and holiday time.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$1,369,531	\$1,410,617
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$1,369,531	\$1,410,617

FTE: 0.00

In FY 2008, a Departmentwide overtime pool was created for greater flexibility across all facilities to meet the legislative requirements for overtime pay. To ensure payments are made as required, one-half of the new funding received in FY 2007 in each direct facility appropriation was reallocated into this new Departmentwide HB Section.

What are the sources of other funds?

N/A

Who is eligible?

Employees providing direct client care in state operated DMH institutions that are operated 24 hours a day, 7 days a week.

Where is the program located?

State operated adult inpatient facilities (Division of CPS), state operated children's facilities (Division of CPS), and state operated habilitation centers (Division of MRDD)

How many people have been served?

Number of DMH employees earning federal, state, or holiday time:

	Federal Comp.	State Comp.	Holiday Comp.
FY 2003	5,893	6,415	6,955
FY 2004	6,188	6,833	7,537
FY 2005	5,872	6,323	6,753
FY 2006	5,853	6,259	6,554
FY 2007	5,783	6,250	6,423

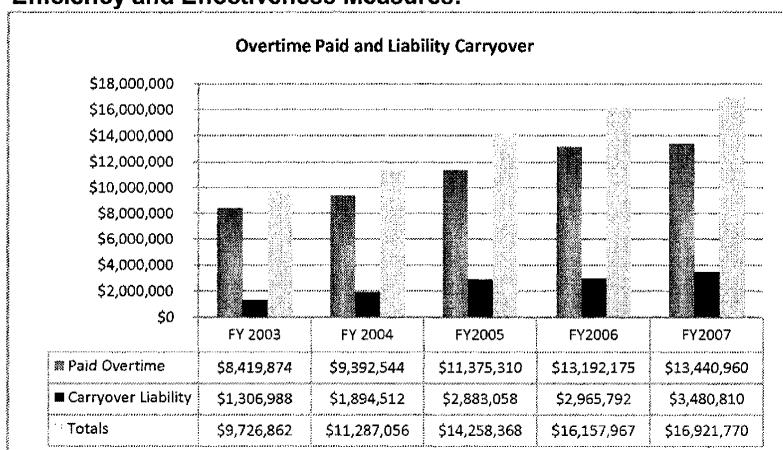
What is the authorization for this program?

State statutes: Section 105.935 RSMo

Federal law: N/A

Federal regulation: N/A

Efficiency and Effectiveness Measures:



Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Mental Health Book 1, Page 376

Governor Recommends New Decision Items:

General Structure Adjustment - \$41,086 & 0.00 FTE

Mental Health Transformation

What does this appropriation support?

Missouri was one of nine states to receive a five year federal grant to transform Missouri's mental health system. The Office of Transformation provides staff and infrastructure support to the Governor appointed Transformation Working Group to develop and implement a state-wide needs assessment, inventory of resources and Comprehensive Mental Health Plan for Missouri centered on the 6 goals of the President's New Freedom Commission Report. Grant funds also support a comprehensive and multi-state evaluation of the plan implementation once complete.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$798,212	\$2,765,899	\$2,787,070
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$798,212	\$2,765,899	\$2,787,070

FTE: 9.85

What are the sources of other funds?

N/A

Who is eligible?

N/A

Where is the program located?

In central office with statewide functions

How many people have been served?

N/A

What is the authorization for this program?

State statutes: N/A

Federal law: N/A

Federal regulation: N/A

SAMHSA 5-year federal grant

Efficiency and Effectiveness Measures:

Approved State-wide Comprehensive Mental Health Plan by state and federal leadership by 3/31/2007. Additional measures linked to the goals of the New Freedom Commission will be developed upon plan completion.

Is this a federally mandated program?

No.

Completion of state-wide needs assessment and inventory of resources within required timelines

Due Date: March 31, 2008

Target Date: March 1, 2008

Completion of Comprehensive Plan within required timelines

Due Date: March 31, 2008

Target Date: December 31, 2007

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Mental Health Book 1, Page 394

Governor Recommends New Decision Items:

General Structure Adjustment - \$21,171 & 0.00 FTE

Administration (Operational Support)

What does this appropriation support?

The Operational Support core budget includes the Office of Administration (responsible for processing accounts payable for Central Office; financial management reporting and control; budget development and budget control; central office general services; fleet management, procurement and contract management; revenue maximization; MO HealthNet, Medicare and other revenue billings and collections), the Office of Public Affairs/Legislative Liaison (supports the efforts of the program divisions to reduce stigma and raise awareness in the community about mental illness, substance abuse, and developmental disabilities, and is responsible for the review and analysis of state and federal legislation that pertains to services provided by DMH), and the Office of the Deputy Department Director (which includes the Audit Section, Quality Improvement, Deaf Services, Human Resources, General Counsel, Disaster Services, Federal Programs, Consumer Affairs, Department Prevention Coordinator, and the Investigations Unit).

Where is the program located?

Supports DMH programs statewide.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$4,914,146	\$6,284,686	\$6,016,659	\$6,212,419
FEDERAL	\$769,959	\$1,055,005	\$3,183,489	\$3,305,544
OTHER	\$0	\$0	\$1,250,000	\$1,250,000
TOTAL	\$5,684,105	\$7,339,691	\$10,450,148	\$10,767,963

FTE: 133.78

What are the sources of other funds?

Healthcare Technology Fund (0170)

Who is eligible?

N/A

How many people have been served?

	FY 2005	FY 2006	FY 2007	FY 2008 Proj.
ADA:	49,511	51,713	55,602	58,496
CPS:	73,929	75,464	75,990	75,990
MRDD:	30,358	29,081	29,072	30,050
Total:	153,798	156,258	160,664	164,536

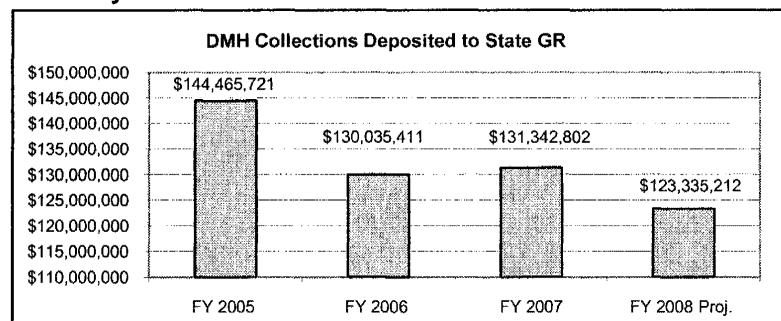
What is the authorization for this program?

State statutes: Sections 630.015 and 630.020 RSMo

Federal law: N/A

Federal regulation: N/A

Efficiency and Effectiveness Measures:

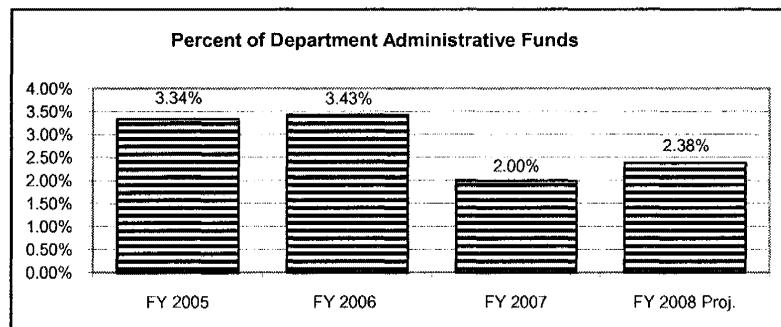


Is this a federally mandated program?

HIPAA is mandated by Federal law. Forensic client transfer and conditional release revocation hearings and MR/DD service eligibility hearings are mandated by Federal consent decree.

Are there federal matching requirements?

Yes. Match dollars are required to draw down federal administrative earnings.



Does this program generate other revenues?

Yes - federal administrative earnings.

Mental Health Book 1, Page 409

Governor Recommends New Decision Items:

Training Investment for Safety and Quality - \$55,726 & 0.00 FTE

General Structure Adjustment - \$168,140 & 0.00 FTE

Staff Training

What does this appropriation support?

This will allow for training needed for Direct Care staff and will also provide maintenance costs for the Network of Care information and elearning web-site.

The Network of Care website provides online information for individuals, families, and agencies about mental illness, substance abuse, and developmental disabilities. The site includes a service directory, library with evidence-based health topics, legislative information, state and national links, insurance information, and consumer and family supports and advocacy tools.

Recent surveys of direct care and regional center staff and an assessment of DMH training/workforce development needs indicates that staff training and development is not adequate. Increased and ongoing investment in staff training and development is critical to ensuring the safety of consumers and employees.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$788,000	\$1,732,274
FEDERAL	\$0	\$0	\$0	\$1,000,000
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$788,000	\$2,732,274

FTE: 0.00

What are the sources of other funds?

N/A

Who is eligible?

Direct Care staff at state operated Division of CPS and Division of MRDD facilities are eligible for training.

Where is the program located?

State operated Division of CPS and Division of MRDD facilities for training. Statewide for online information website.

How many people have been served?

- Approximately 8,800 DMH employees.
- DMH provides services to over 170,000 Missourians and their families.

What is the authorization for this program?

State statutes: N/A

Federal law: N/A

Federal regulation: N/A

Efficiency and Effectiveness Measures:

- Increased access and availability of training, both basic and advanced
- Reduced turnover rates
- Improve retention of staff
- Number of training hours delivered.
- Cost per hour of training utilized.
- DMH receives over 15,000 hits per day on its Network of Care website.

Note: Do not track training measures currently, but will begin tracking and expect training to have a positive impact.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Mental Health Book 1, Page 427

Governor Recommends New Decision Items:

Training Investment for Safety and Quality - \$1,944,274 & 0.00 FTE

Technology Support for Data Enhancements

What does this appropriation support?

The Customer Information Management, Outcomes and Reporting System (CIMOR) has been built to provide stakeholders better access to data, provide information for performance measurement, and practice guidelines. While DMH has been funded to implement the system internally, the provider system has also worked to upgrade information systems (both software and hardware), improve data integrity, and hire staff or IT consultants and personnel to move forward with this initiative. In FY 2008, the Department received one-time funding to assist ADA & CPS Community Providers in upgrading their information systems.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$742,900	\$0
TOTAL	\$0	\$0	\$742,900	\$0

FTE: 0.00

What are the sources of other funds?

Healthcare Technology Fund (0170)

Who is eligible?

ADA & CPS Community Providers upgrading their information systems to interface with CIMOR.

Where is the program located?

Based in Central Office and provided to ADA & CPS Community Providers.

How many people have been served?

ADA: 34 Community Providers

CPS: 16 Community Providers

What is the authorization for this program?

State statutes: N/A

Federal law: N/A

Federal regulation: N/A

Efficiency and Effectiveness Measures:

N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Mental Health Book 1, Page 438

Governor Recommends New Decision Items:

N/A

Refunds

What does this appropriation support?

The Department makes refunds for payments from third party payers from this appropriation. Mental health facilities may bill Medicare, MO HealthNet, private insurers and other financially responsible parties for client care. From time to time, facilities may overbill or collect duplicate payments from multiple payers. In these cases, it is necessary to pay refunds promptly. A separate appropriation is necessary so that these refunds will not adversely affect the facilities' operational appropriations.

In addition, a separate appropriation for the Debt Offset Escrow Fund allows the Department the ability to return inappropriately intercepted tax refunds to clear debts owed for services delivered in state-operated hospitals.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$49,217	\$83,854	\$49,217	\$49,217
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$92,163	\$0	\$70,000	\$70,000
TOTAL	\$141,380	\$83,854	\$119,217	\$119,217

FTE: 0.00

What are the sources of other funds?

Debt Offset Escrow Fund (0753)

Who is eligible?

Appropriate third party payers and CPS consumers.

Where is the program located?

Central Office

How many people have been served?

	Refunds & Returns Processed			
	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Proj.
Refunds	89	87	54	54
Returns	49	58	*	*

*Tax intercepts/returns temporarily delayed due to IT system changes.

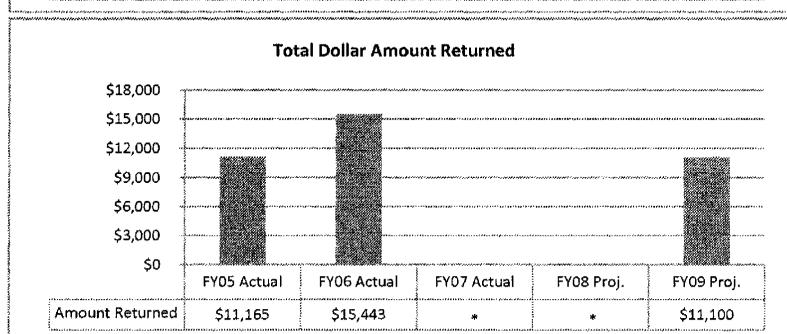
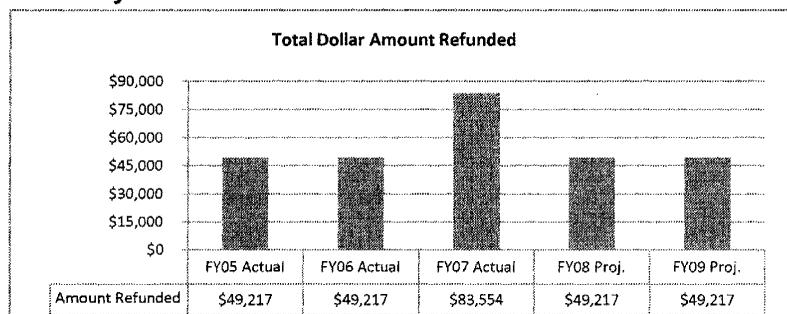
What is the authorization for this program?

State statutes: N/A

Federal law: N/A

Federal regulation: N/A

Efficiency and Effectiveness Measures:



*Tax intercepts/returns temporarily delayed due to IT system changes.

Mental Health Book 1, Page 443

Governor Recommends New Decision Items:

N/A

Mental Health Trust Fund

What does this appropriation support?

The Department requests funding to provide the means to expend monies from non-federal grants, gifts, donations, escheated funds, and canteen profits to support the delivery of service to DMH clients. In addition, the Department could receive contract funding to conduct evaluation studies of emerging new medications, as well as other evaluation studies, and also receive funding to carry out other non-federal grant activities.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$592,927	\$467,438	\$2,086,848	\$2,110,950
TOTAL	\$592,927	\$467,438	\$2,086,848	\$2,110,950

FTE: 11.50

What are the sources of other funds?

Mental Health Trust Fund (0926)

Who is eligible?

N/A

Where is the program located?

Based in Central Office and administered statewide.

How many people have been served?

N/A

What is the authorization for this program?

State statutes: Section 630.330 RSMo

Federal law: N/A

Federal regulation: N/A

Efficiency and Effectiveness Measures:

N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Mental Health Book 1, Page 453

Governor Recommends New Decision Items:

General Structure Adjustment - \$24,102 & 0.00 FTE

Federal Funds

What does this appropriation support?

This appropriation allows the Department to accept federal grant funding that becomes available during a current fiscal year. Procedures consistent with the provisions of Section 630.090 RSMo are followed.

In order to maximize the federal funding received in a fiscal year, the Department needs to be able to accept and expend federal funding when it becomes available.

The Department utilizes this appropriation to take advantage of federal grant opportunities in a timely manner. Federal funds received are used only for a given year and if the funding continues into the next fiscal year, a new decision item is requested. Section 33.812 RSMo requires that the Department submit all new grant applications to the Office of Administration, the Budget Committee of the Missouri House of Representatives, and the Appropriations Committee of the Missouri Senate for review before accepting the federal funding.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$521,512	\$1,340,494	\$1,904,069	\$1,907,360
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$521,512	\$1,340,494	\$1,904,069	\$1,907,360

FTE: 2.00

What are the sources of other funds?

N/A

Who is eligible?

N/A

Where is the program located?

Central Office

How many people have been served?

N/A

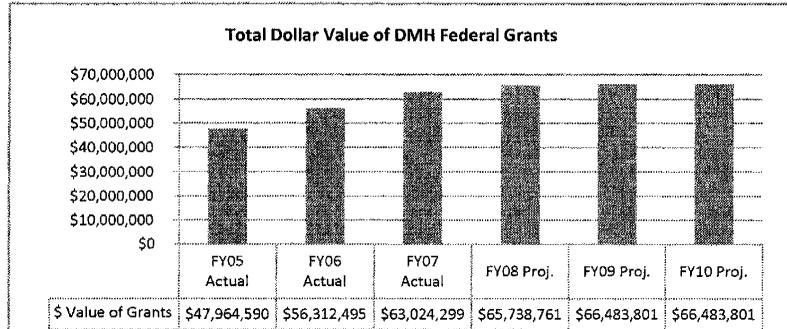
What is the authorization for this program?

State statutes: Chapter 630 RSMo

Federal law: N/A

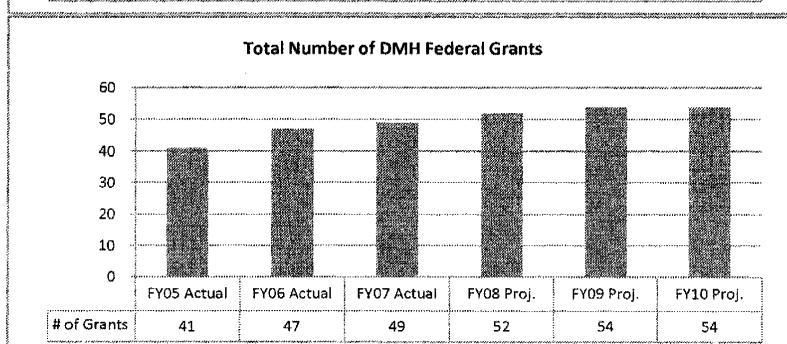
Federal regulation: N/A

Efficiency and Effectiveness Measures:



Are there federal matching requirements?

No.



Does this program generate other revenues?

No. Grant funds only.

Mental Health Book 1, Page 459

Governor Recommends New Decision Items:

General Structure Adjustment - \$3,291 & 0.00 FTE

Children's System of Care

What does this appropriation support?

The following three grants are included in this program:

- 1) System of Care "Show-Me" Kids Grant - The overarching goal of this grant is the development of an integrated community-based system of care across Southwest Missouri that is consistent with Missouri's System of Care Plan.
- 2) Transitions: System of Care Grant - East (St. Louis) - Provides funding to develop an integrated community-based system of care for children and youth with severe emotional disturbances in the child welfare system and their families in the St. Louis metropolitan area.
- 3) Circle of HOPE - St. Joseph - Supports the development of a community based, child centered, family driven, and culturally competent integrated system of care for delivering team based behavioral and physical health care in Andrew and Buchanan Counties in Northwest Missouri.

Where is the program located?

Located in central office and serving Southwest Missouri, St. Louis, and Andrew and Buchanan counties in Northwest Missouri.

What is the authorization for this program?

Federal Programs: "Show-Me" Kids (1U79 SN54505-01); Transitions: System of Care - East (6U79 SM56220-01); Circle of HOPE (1U79SM57030)

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes. In-kind non-federal match dollars.

Does this program generate other revenues?

No. Grant funds only.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$3,378,612	\$4,105,936	\$7,486,589	\$7,490,689
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$3,378,612	\$4,105,936	\$7,486,589	\$7,490,689

FTE: 2.20

What are the sources of other funds?

N/A

Who is eligible?

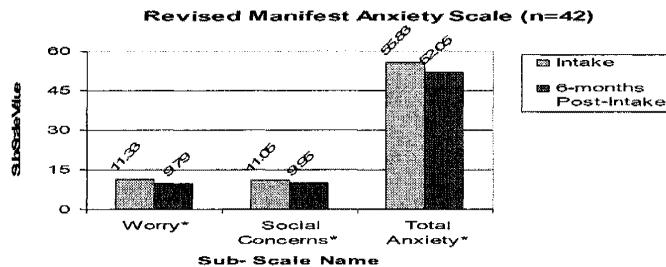
Children who are under 18 years of age, have substantial impairments in their ability to function due to a serious psychiatric disorder as defined by the DSM-IV, require mental health intervention because of the disorder, and are in need of services from two or more state and/or community agencies to address the disorder to improve functioning.

How many people have been served?

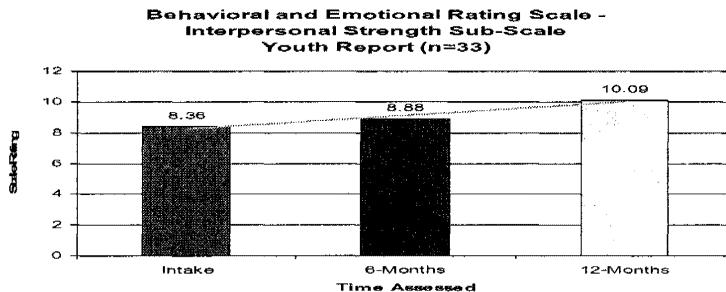
- 151 youth in Transitions
- 613 youth in Show Me Kids
- 125 children, young adults and their families beginning October 1, 2007 for Circle of HOPE. Year one of this grant was a planning year.

Efficiency and Effectiveness Measures:

Transitions System of Care Grant (St. Louis) (42 Children/Youth)



Show Me Kids System of Care (Springfield) (33 Children/Youth)



Mental Health Book 1, Page 469

Governor Recommends New Decision Items:

General Structure Adjustment - \$4,100 & 0.00 FTE

Shelter Plus Care

What does this appropriation support?

Shelter Plus Care provides rental assistance for homeless individuals with disabilities and their families. Disability is defined by Housing and Urban Development (HUD) for this program as someone who is seriously mentally ill; has chronic problems with alcohol, drugs, or both; is developmentally disabled or has acquired immunodeficiency syndrome (AIDS) and related diseases. The grants provide rental assistance for long term, permanent housing and must be matched in the aggregate by supportive services that are equal in value to the amount of rental assistance. Goals for participants in the Shelter Plus Care program include obtaining and maintaining stable housing for at least one year; maintaining physical and mental wellness and/or sobriety; obtaining employment/income; and family reunification.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$385,000
FEDERAL	\$5,736,432	\$6,304,293	\$6,477,339	\$7,770,379
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$5,736,432	\$6,304,293	\$6,477,339	\$8,155,379

FTE: 0.00

What are the sources of other funds?

N/A

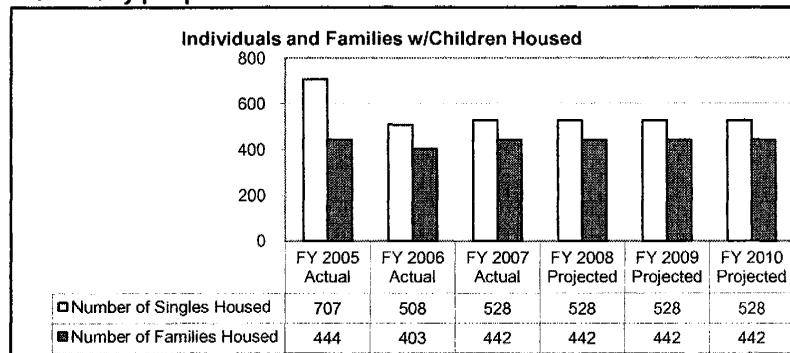
Who is eligible?

Homeless individuals with disabilities and their families as defined by Housing and Urban Development (HUD) for this program.

Where is the program located?

Based in central office but administered in 18 areas statewide.

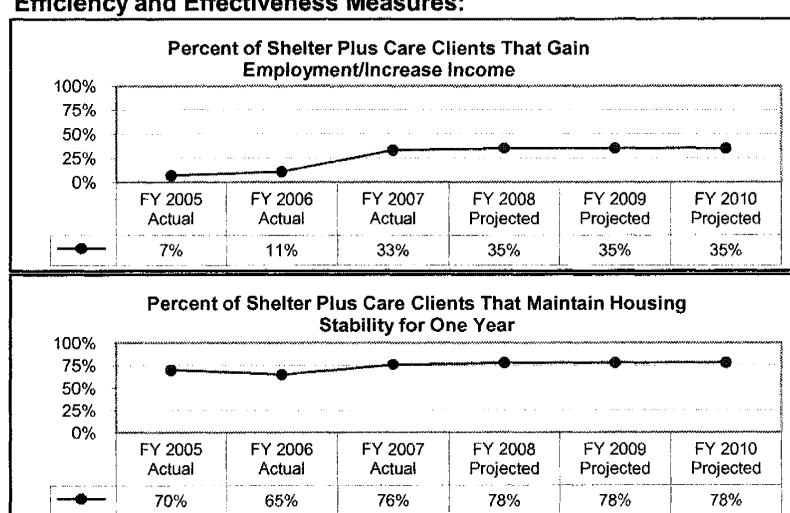
How many people have been served?



Is this a federally mandated program?

No.

Efficiency and Effectiveness Measures:



Does this program generate other revenues?

No. Grant funds only.

Mental Health Book 1, Page 482

Governor Recommends New Decision Items:

Shelter Plus Care Grants - \$578,040 & 0.00 FTE

Serving Our Veterans - \$1,100,000 & 0.00 FTE

ADA Administration

What does this appropriation support?

The Division of Alcohol and Drug Abuse administrative responsibilities include: establishing funding provisions, technical assistance and training, standard setting to ensure quality services, research, public information dissemination, review and oversight of the Division's budget, and program planning and policies for substance abuse prevention and treatment services.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$975,948	\$1,055,049	\$1,110,277	\$1,155,080
FEDERAL	\$711,743	\$829,135	\$997,479	\$1,037,490
OTHER	\$172,977	\$187,305	\$196,188	\$211,502
TOTAL	\$1,860,668	\$2,071,489	\$2,303,944	\$2,404,072

FTE: 45.88

Where is the program located?

Central Office and District offices

What is the authorization for this program?

State statutes: 631.010 and 313.842 RSMo

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No

Are there federal matching requirements?

The federal Substance Abuse Prevention and Treatment Block Grant requires that the state maintain an aggregate level of general revenue spending for treatment and prevention that is greater than or equal to the average of the past two years. This is called the "Maintenance of Effort" or MOE requirement.

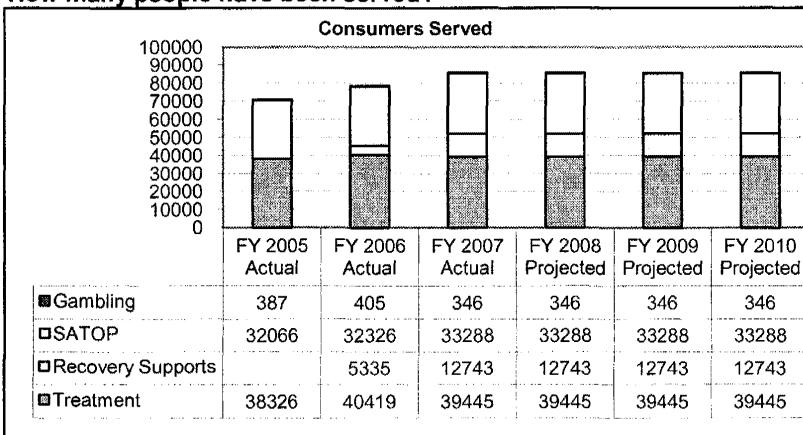
What are the sources of other funds?

Health Initiatives Fund (HIF-0275) \$45,069 and Mental Health Earnings Fund (MHEF-0288) \$166,433.

Who is eligible?

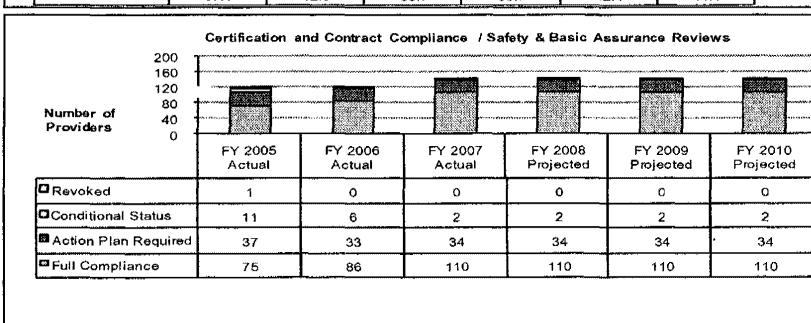
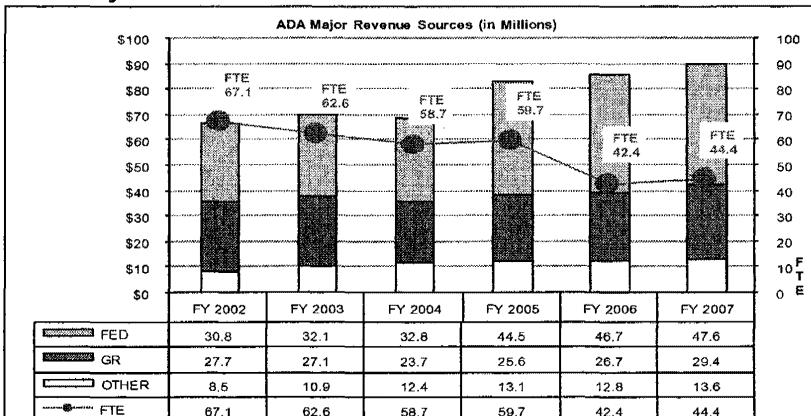
N/A

How many people have been served?



Note: Consumers who receive more than one category of service are counted once for each category. Counts for SATOP include individuals receiving only an assessment. Recovery Supports were not provided prior to FY 2006.

Efficiency and Effectiveness Measures:



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Governor Recommended New Decision Items:

Increase Mental Health Earnings Fund Authority \$11,000 and 0.00 FTE.

General Structure Adjustment (COLA) \$61,614 and 0.00 FTE.

School-Based Prevention

What does this appropriation support?

The school-based program, Missouri SPIRIT, supports implementation of evidence-based substance use and violence prevention in five school districts. The program also supports the early identification, screening, and referral of students exhibiting behavioral problems. Specific program goals are to: 1) delay onset and decrease use of alcohol, tobacco and other drugs; 2) improve overall school performance; and 3) reduce incidents of violence.

Where is the program located?

Selected buildings and grades in school districts in New Madrid, Carthage, Knox, Ritenour, and Hickman Mills.

What is the authorization for this program?

State statutes: 631.010 RSMo

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No. However, the Substance Abuse Prevention and Treatment Block Grant requires that 20% be expended for prevention activities, such as school-based prevention.

Are there federal matching requirements?

The federal Substance Abuse Prevention & Treatment Block Grant requires that the state maintain an aggregate level of general revenue spending for treatment and prevention that is greater than or equal to the average of the past two years. This is called the "Maintenance of Effort" or MOE requirement.

Does this program generate other revenues?

No

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$1,193,097	\$1,146,986	\$1,300,951	\$1,300,951
OTHER	\$0	\$0	\$0	\$13,010
TOTAL	\$1,193,097	\$1,146,986	\$1,300,951	\$1,313,961

FTE: 0.00

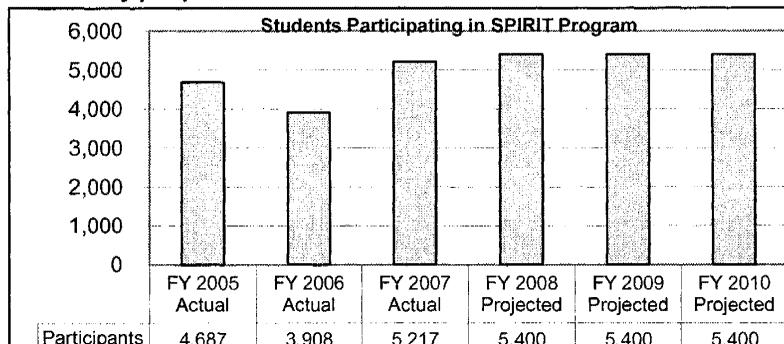
What are the sources of other funds?

Health Initiatives Fund (HIF-0275) \$13,010

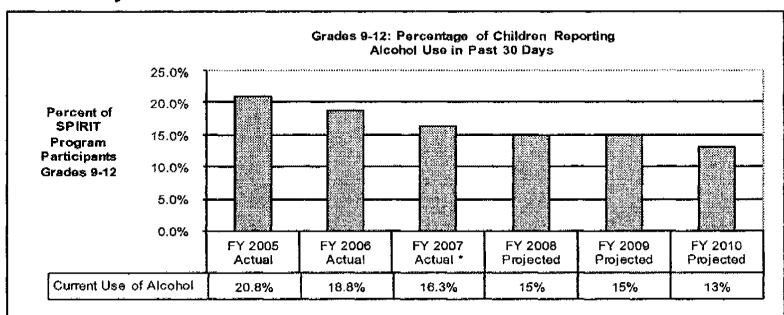
Who is eligible?

Children in selected buildings and grades in school districts in New Madrid, Carthage, Knox, Ritenour, and Hickman Mills.

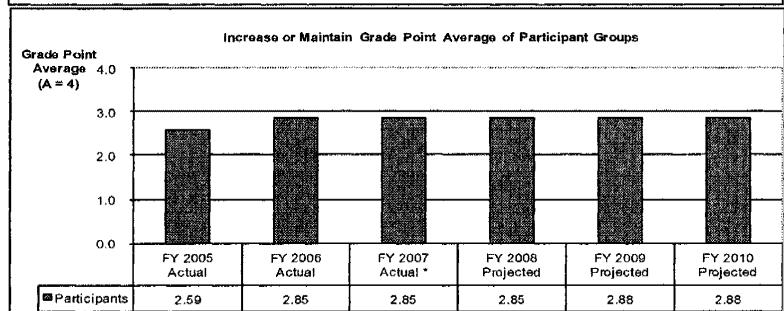
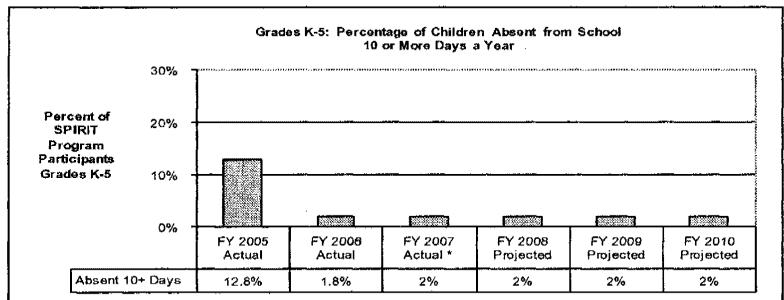
How many people have been served?



Efficiency and Effectiveness Measures:



*Note: FY 2007 data are expected to be available in mid-September 2007.



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Governor Recommended New Decision Items:

Community Provider Inflationary Increase - \$82,148 and 0.00 FTE.

General Structure Adjustment (COLA) \$20,116 and 0.00 FTE.

Community Based Prevention

What does this appropriation support?

Community-based prevention programs provide preventive interventions with children, families, and college students; training, technical assistance, and support for coalitions; prevention evaluation, research, and data analysis; public education and social marketing, and information and referral services. Direct prevention services utilize evidence-based programs and strategies and conduct pre- and post-testing and/or evaluations.

Where is the program located?

Statewide

What is the authorization for this program?

State statutes: 631.010 RSMo

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No

Are there federal matching requirements?

The federal Substance Abuse Prevention and Treatment Block Grant requires that the state maintain an aggregate level of general revenue spending for treatment and prevention that is greater than or equal to the average of the past two years. This is called the "Maintenance of Effort" or MOE requirement.

Does this program generate other revenues?

No

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$22,498	\$31,892	\$348,118	\$364,415
FEDERAL	\$6,919,165	\$7,406,527	\$9,990,885	\$9,967,190
OTHER	\$300,000	\$300,000	\$300,000	\$369,138
TOTAL	\$7,241,663	\$7,738,419	\$10,639,003	\$10,700,743

FTE: 15.76

What are the sources of other funds?

Healthy Families Trust (HIF-0625) \$300,000; Health Initiatives (HIF-0275) \$69,138

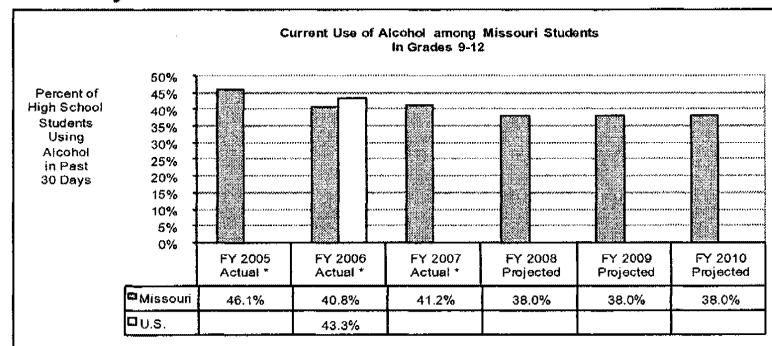
Who is eligible?

Community based prevention operates statewide with services available to all of Missouri's citizens. There are no disqualifying criteria.

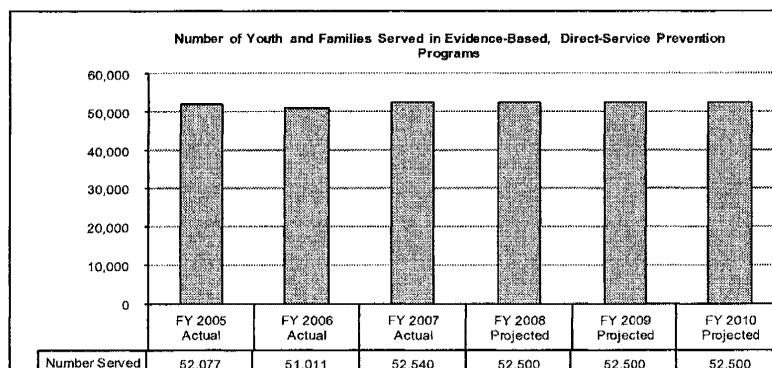
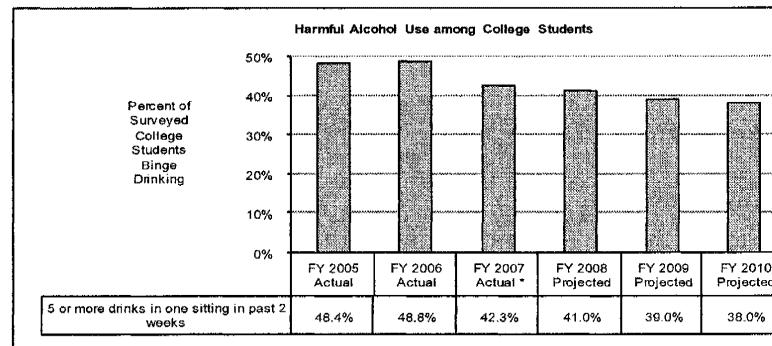
How many people have been served?

The programs and activities under community-based Prevention reach the majority of Missouri residents through community coalitions, social marketing, and public education activities.

Efficiency and Effectiveness Measures:



* Note: The Youth Risk Behavior Survey is conducted bi-annually and provides the Missouri and U.S. data for even-numbered fiscal years. The Missouri Student Survey is conducted bi-annually and provides the Missouri data for odd-numbered fiscal years.



Comprehensive Substance Treatment and Rehabilitation

What does this appropriation support?

Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs offer a comprehensive array of individualized treatment services to persons with substance abuse problems and their families. Services include assessment, individual and group counseling, group education, family therapy and community support. Only substance abuse programs designated as CSTAR are approved for reimbursement under MO HealthNet.

Where is the program located?

Statewide

What is the authorization for this program?

State statutes: 631.010 and 191.831 RSMo

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

In part, yes because the federal Substance Abuse Prevention and Treatment Block Grant requires provision of specialized programs for women and children.

Are there federal matching requirements?

Some of the expenditures made are for MO HealthNet services requiring a match. In addition, the federal Substance Abuse Prevention and Treatment Block Grant requires that the state maintain an aggregate level of general revenue spending for treatment and prevention that is greater than or equal to the average of the past two years. This is called the "Maintenance of Effort" or MOE requirement.

Does this program generate other revenues?

Services billed to MO HealthNet through the Division's Organized Health Care Delivery System (OHCDS) generate Federal CSTAR Administrative Earnings which fund staff, expense and equipment, and client services. The Substance Abuse Prevention and Treatment Block Grant has a maintenance of effort requirement. The Division must maintain aggregate state expenditures equal to or greater than the average of the two previous State fiscal years. Failure to comply results in a dollar for dollar loss of federal block grant funds.

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Governor Recommended New Decision Items:

ADA Partnership with St. Louis Mental Health Board - \$539,288 and 0.00 FTE.

Emergency Room and State Psychiatric Hospital Diversion - \$1,000,000 and 0.00 FTE.

PAB Approved Repositionings - \$3,950 and 0.00 FTE.

MO HealthNet Match Adjustment - \$242,576 and 0.00 FTE.

Caseload Growth - \$398,464 and 0.00 FTE.

Reducing Children's Division Out-of-Home Placement Due to Parental Drug Addiction - \$2,268,259 and 0.00 FTE.

Community Provider Inflationary Increase - \$899,317 and 0.00 FTE.

General Structure Adjustment (COLA) \$68,450 and 0.00 FTE.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$9,153,343	\$11,177,391	\$13,230,462	\$14,468,448
FEDERAL	\$22,893,153	\$23,087,066	\$26,131,270	\$31,542,588
OTHER	\$7,455,839	\$7,626,968	\$8,066,002	\$8,530,126
TOTAL	\$39,502,335	\$41,891,425	\$47,427,734	\$54,541,162

FTE: 23.21

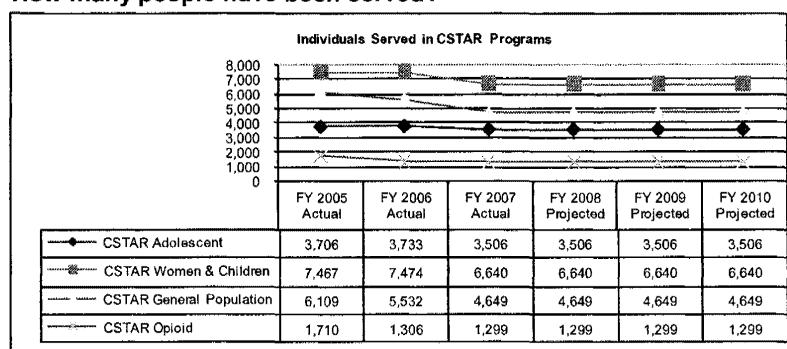
What are the sources of other funds?

Healthy Families Trust (HFT-0625) \$1,985,637; Health Initiatives Fund (HIF-0275) \$5,846,026; and Mental Health Local Tax Match Fund (MHLTMF - 0930) \$698,463.

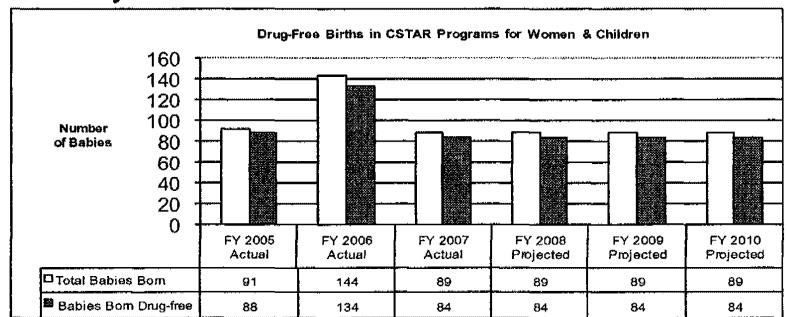
Who is eligible?

Persons with substance abuse problems and their families. This program serves both non-MO HeathNet and MO HealthNet eligibles.

How many people have been served?

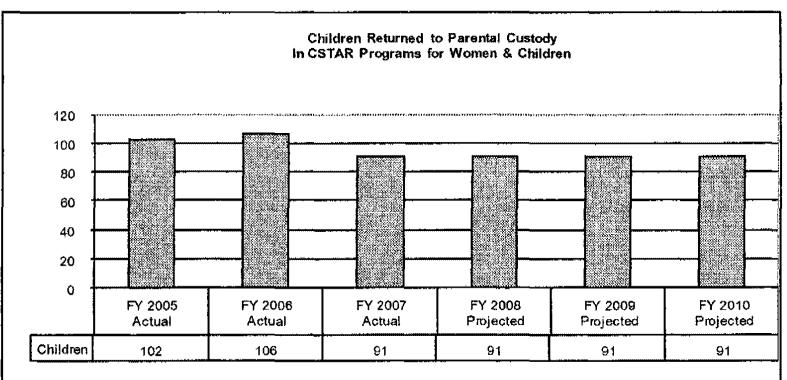


Efficiency and Effectiveness Measures:



Notes:

- From FY 2005 to FY 2007 there have been 324 babies born drug-free and since 1996 there have been 850 babies born drug-free.
- The cost for one child with Fetal Alcohol Syndrome for health care and indirect costs such as lost productivity is \$1.8 million. (U.S. Department of Health and Human Services, National Institutes of Health, 2003)
- In FY 2007 fewer pregnant women presented for treatment.



Primary Recovery

What does this appropriation support?

Primary Recovery substance abuse treatment programs provide a continuum of care including detoxification and outpatient services, as well as, residential support if clinically appropriate. Treatment services include assessment, individual and group counseling, group education, family therapy, participation in self-help groups, and other interventions. Primary Recovery services are for non-MO HealthNet clients.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$11,970,764	\$16,701,145	\$18,243,838	\$19,745,055
FEDERAL	\$15,002,772	\$22,021,677	\$20,023,409	\$19,720,261
OTHER	\$369,648	\$676,175	\$1,070,084	\$1,392,684
TOTAL	\$27,343,184	\$39,398,997	\$39,337,331	\$40,858,000

FTE: 31.60

Where is the program located?

Statewide

What is the authorization for this program?

State statutes: RSMo 631.010 and 191.831

Federal law: N/A

Federal regulation: N/A

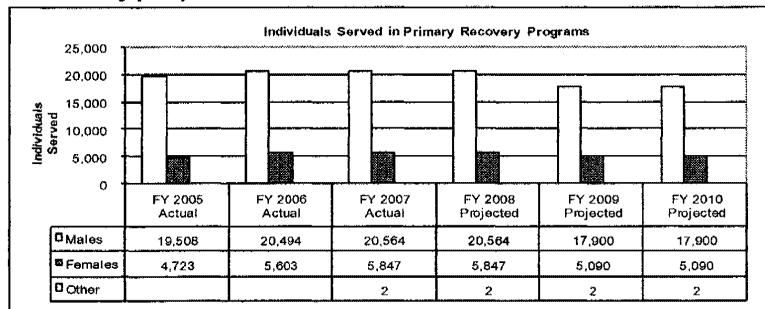
What are the sources of other funds?

Inmate Revolving Fund (IRF-0540) \$1,070,084; Health Initiatives Fund (HIF-0275) \$322,600.

Who is eligible?

Missouri citizens age 18 or over with substance abuse problems causing major life consequences. Non-MO HealthNet funded individuals are served in this program.

How many people have been served?



Note: Other includes "Male and Female", "Male from Female", "Female from Male", "Not Known", and "Not Specified".

Does this program generate other revenues?

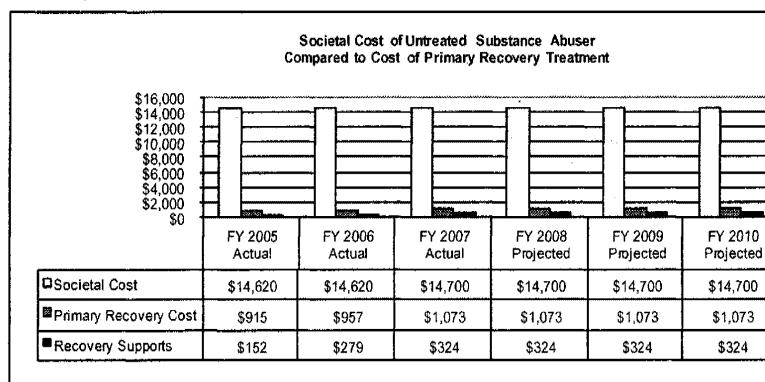
No

Efficiency and Effectiveness Measures:

Primary Recovery Measurement of Change

	Number of Valid Cases	Percent at Intake	Percent at Discharge Interview	Rate of Change
Abstinence: did not use alcohol or illegal drugs in the past 30 days	4,514	42.9%	83.3%	94.2%
Crime and Criminal Justice: had no arrests in the past 30 days	4,451	87.7%	95.1%	8.5%
Employment / Education: were currently employed or attending school	4,630	42.5%	52.0%	22.4%

Note: Measured using Government Performance & Results Act (GPRA) measurement tool from intake to discharge for FY 2007.



Compulsive Gambling Program

What does this appropriation support?

Treatment for compulsive or pathological gambling is provided to gamblers and their families throughout Missouri. Treatment is individualized and services include individual and group counseling, family therapy, and individual and group codependency counseling. The Compulsive Gambler's Fund is funded from the one-cent admission fee authorized pursuant to section 313.820, and in addition, may be funded from the taxes collected and distributed to any city or county under section 313.822.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$375,361	\$369,516	\$485,340	\$490,917
TOTAL	\$375,361	\$369,516	\$485,340	\$490,917

FTE: 1.00

What are the sources of other funds?

Compulsive Gamblers Fund (CGF - 0249) \$490,917

Where is the program located?

Statewide

What is the authorization for this program?

State statutes: 313.842 and 313.820 RSMo

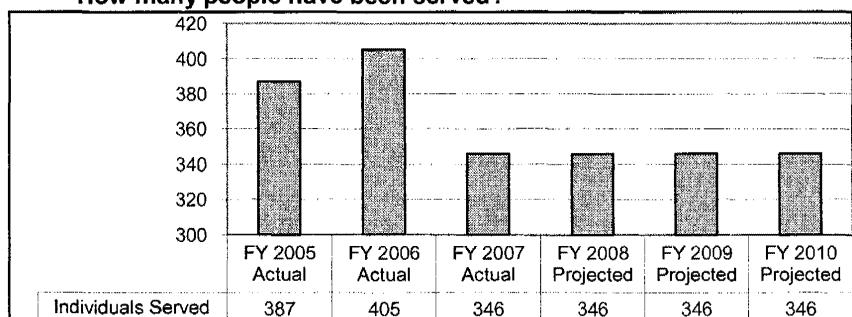
Federal law: N/A

Federal regulation: N/A

Who is eligible?

Individuals who have developed severe life problems as a result of pathological gambling, along with their family members.

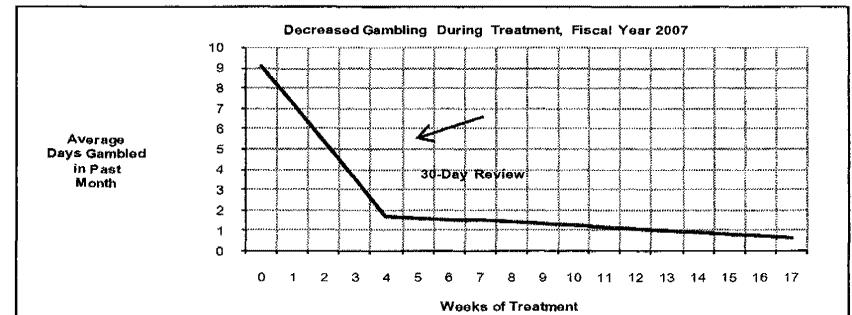
How many people have been served?



Efficiency and Effectiveness Measures:

Does this program generate other revenues?

No

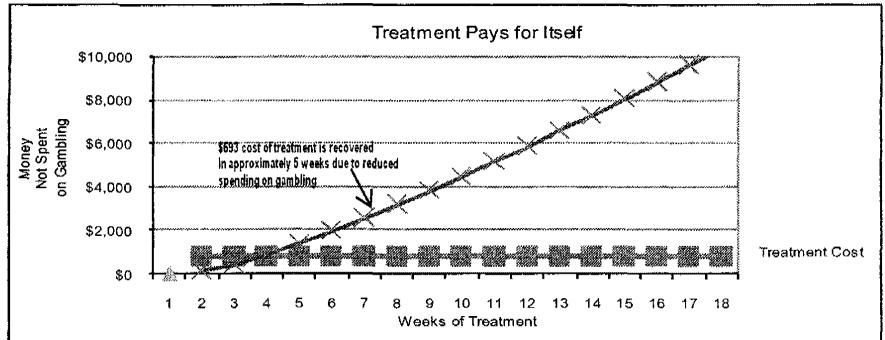
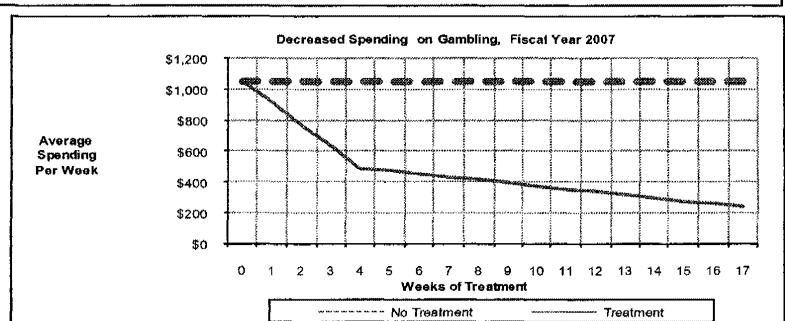


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Governor Recommended New Decision Items:

Community Provider Inflationary Increase - \$4,414 and 0.00 FTE.

General Structure Adjustment (COLA) \$1,163 and 0.00 FTE.



Substance Abuse Traffic Offenders Program (SATOP)

What does this appropriation support?

Substance Abuse Traffic Offender's Program (SATOP) serves DWI offenders through a statewide contracted provider network. Services provided include assessments, education programs, intervention programs, and treatment programs.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$267,929	\$386,721	\$427,270	\$427,864
OTHER	\$3,874,977	\$4,038,852	\$4,053,068	\$4,096,779
TOTAL	\$4,142,906	\$4,425,573	\$4,480,338	\$4,524,643

FTE: 5.48

Where is the program located?

Statewide

What are the sources of other funds?

Health Initiatives Fund (HIF-0275) \$241,466 and Mental Health Earnings Fund (MHEF-0288) \$3,855,313.

Who is eligible?

Alcohol or drug-related traffic offenders.

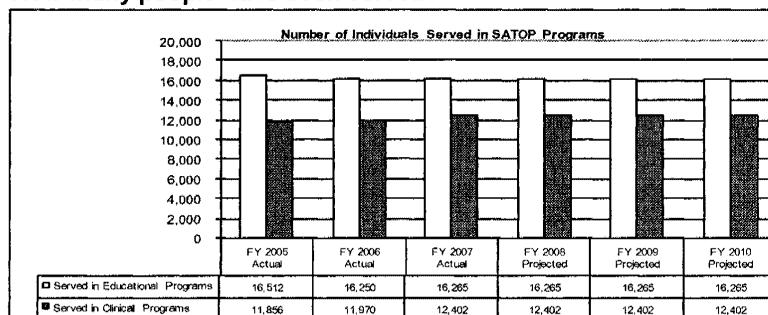
What is the authorization for this program?

State statutes: RSMo 577.049, 577.520 and 631.010

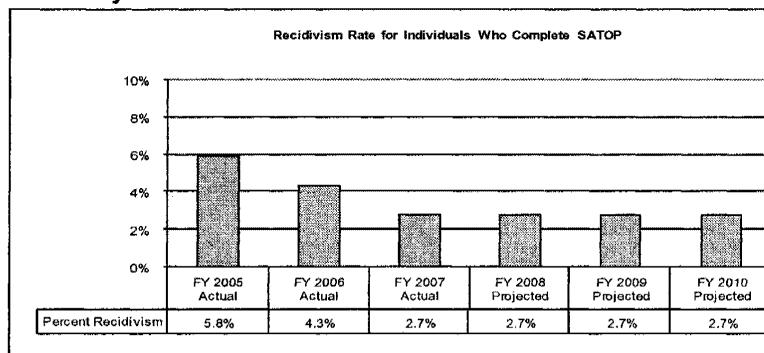
Federal law: N/A

Federal regulation: N/A

How many people have been served?



Efficiency and Effectiveness Measures:

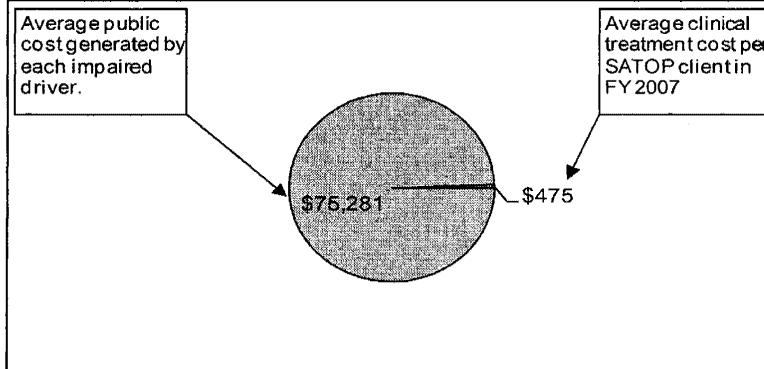


Are there federal matching requirements?

No

Does this program generate other revenues?

No. However, beginning with FY 2004 this program is 84% offender-funded. The other 16% is federal block grant and Health Initiatives Fund.



"Alcohol related crashes in Missouri cost the public an estimated \$2.8 billion in 2000, including \$1.2 billion in monetary costs and almost \$1.6 billion in quality of life costs." –National Highway Traffic Safety Administration

CPS Administration

What does this appropriation support?

CPS administration has the responsibility of insuring that prevention, evaluation, care, habilitation and rehabilitation services are accessible to persons with psychiatric disorders. The Division exercises supervision of acute and long-term inpatient facilities for both children and adults, residential facilities, day programs and other specialized services. The Division also provides oversight to facilities, programs, and services funded or licensed/certified by the Department. The Divisions administrative responsibilities include: policy development and implementation to insure appropriate treatment in the least restrictive setting; establishing funding provisions; technical assistance and training; development of standards to insure quality services; oversight of forensic inpatient and outpatient programs as well as a sexually violent predator program to insure public safety; development, collection and reporting on programmatic performance measures; review, preparation and oversight of the Division's budget; fiscal notes; legislation review; and, program planning and development for inpatient and community based psychiatric services.

Where is the program located?

Supports programs statewide.

Is this a federally mandated program?

No. However, the Community Mental Health Block Grant allows 5% to be expended for administration.

Are there federal matching requirements?

The Community Mental Health Block Grant has a maintenance of effort requirement. The Division must maintain aggregate state expenditures equal to or greater than the average of the two previous State fiscal years. Failure to comply results in a dollar for dollar loss of federal block grant funds.

Does this program generate other revenues?

Through the Division's Policy and Programming and Fiscal sections, development and implementation of Psychiatric Treatment in Residential Facilities, and TEFRA Exception requests were initiated. Oversight by the Division insures the appropriate and timely filing of Medicaid cost reports which insure the continued receipt of Disproportionate Share funding. Individuals whose services are paid through general revenue generate Federal CPR Administrative earnings which fund staff, expense and equipment, and client services.

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Governor Recommended New Decision Items:

Medicare Premiums - \$35,040 and 0.00 FTE.

Long Term Care Hospitals - Electronic Medication Administration System - \$3,825,000 and 0.00 FTE
General Structure Adjustment (COLA) \$35,981 and 0.00 FTE.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$942,703	\$792,265	\$811,147	\$804,133
FEDERAL	\$713,886	\$1,398,196	\$1,597,855	\$1,616,181
OTHER	\$0	\$0	\$0	\$3,825,000
TOTAL	\$1,656,589	\$2,190,461	\$2,409,002	\$6,245,314

FTE: 24.60

What are the sources of other funds?

Healthcare Technology Fund (HCTF - 0170) \$3,825,000

Who is eligible?

N/A

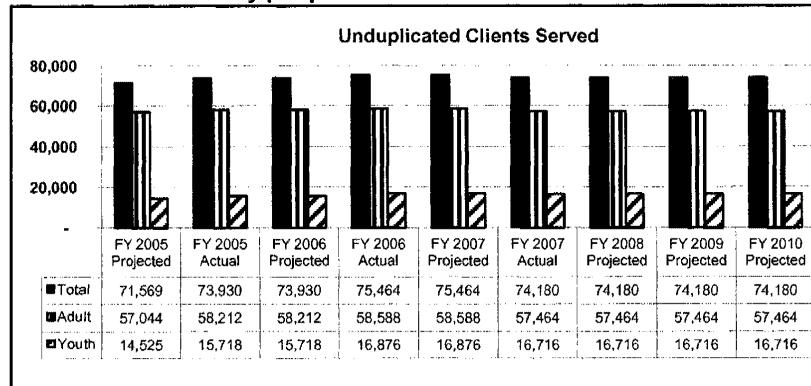
What is the authorization for this program?

State statutes: Section 632.010 RSMo.

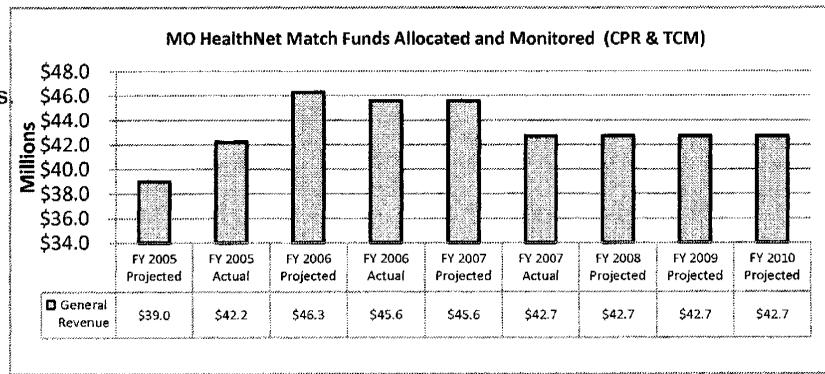
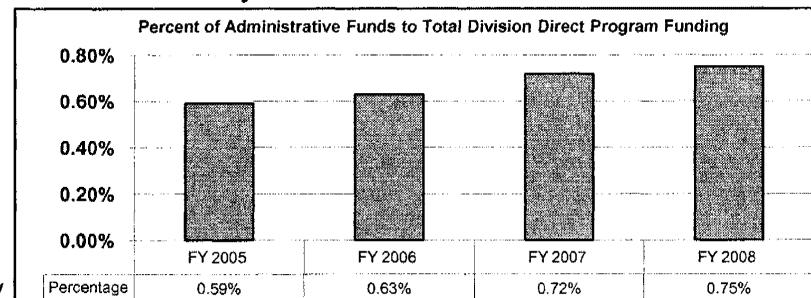
Federal law: N/A

Federal regulation: N/A

How many people have been served?



Efficiency and Effectiveness Measures:



PRN Nursing and Direct Care Staff Pool

What does this appropriation support?

A new bill section was created in the Division of CPS during the FY06 budget process to address the nursing shortage issue by allowing CPS to establish a PRN nursing pool. This personnel pool provided part-time employees who would be available to "fill-in" when nursing or direct care staff shortages occurred. This was accomplished through a redirect of Personal Service funding and FTE from CPS facilities' budgets to the new bill section. Individuals hired into this pool are not allowed to work more than 1,039 hours per year (.49 FTE) and are not eligible for state benefits.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 632.010.2(1), 632.025 and 632.055 RSMo 2000.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$3,977,527	\$3,227,808	\$3,330,150	\$3,428,197
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$3,977,527	\$3,227,808	\$3,330,150	\$3,428,197

FTE: 74.12

What are the sources of other funds?

N/A

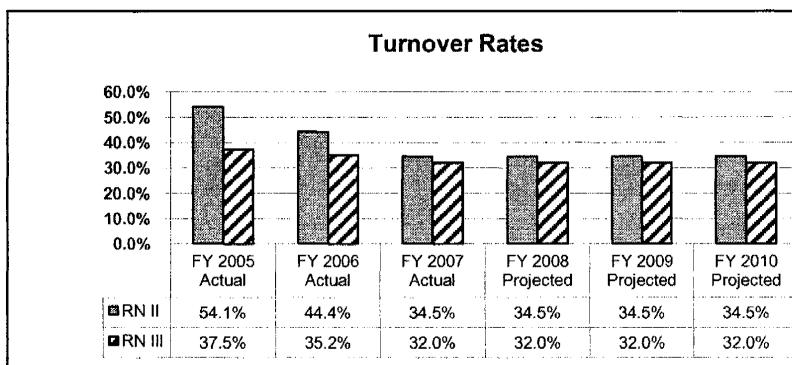
Who is eligible?

N/A

How many people have been served?

N/A

Effectiveness Measure:



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Governor Recommended New Decision Items:

General Structure Adjustment (COLA) \$98,047 and 0.00 FTE.

Adult Community Programs-Community Treatment and Psychiatric Rehabilitation

What does this appropriation support?

Community Programs are administered locally by Community Mental Health Centers who serve as administrative agents for the Division for 25 defined service areas. Adult community programs are designed to promote independent living in the least restrictive setting possible. The service philosophy is one of recovery, hope, self-determination and full community membership. There are three major components of the Community Programs offered through CPS: Community Treatment Services, Community Psychiatric Rehabilitation (CPR), and Access/Crisis Intervention (ACI).

Community Treatment Services provide a community treatment and case management system. Service delivery is promoted in each service area through outreach, screening, intake and evaluation services performed by the local CMHC.

Centers are also required to accept civil involuntary outpatient commitments when deemed necessary, screen all clients being discharged from state facilities within two weeks as well as provide services to clients who are conditionally released from civil involuntary inpatient commitments and forensic involuntary inpatient commitments.

The **Community Psychiatric Rehabilitation (CPR)** program provides an array of key services to adults with the most severe, disabling mental illness. This is a client centered approach that emphasizes individual choices and need, flexible services and supports, using existing community resources and natural support systems, and providing the necessary rehabilitative skills training in home and community settings to promote independence and the pursuit of meaningful living, working, learning and leisure time activities in normal community settings.

Assertive Community Treatment (ACT) is an evidence based practice which is a part of the psychiatric rehabilitation model. Services are targeted to individuals in such a manner that rather than brokering services, the treatment, support and rehabilitation services are provided directly by an ACT team. These teams are assertive in engaging individuals in their treatment, support, and monitoring of progress.

Access/Crisis Intervention (ACI) provides a comprehensive model for crisis prevention and intervention which is an essential component of a mental health care system that promotes immediate and voluntary access to services and provides appropriate, cost effective mental health services.

Where is the program located?

Statewide.

What is the authorization for this program?

Section 632.010.1, 632.010.2(1), 632.050, 632.055 RSMo.

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Governor Recommended New Decision Items:

Serving Our Veterans - \$1,442,760 and 0.00 FTE.

CMHC & FQHC Collaboration Cost-to-Continue - \$750,000 and 0.00 FTE.

MI/DD Dual Diagnosis Comm Svrs - \$1,386,750 and 0.00 FTE.

Non-Emergency Medical Transportation - \$1,000,000 and 0.00 FTE.

MO HealthNet Match Adjustment - \$832,040 and 0.00 FTE.

Caseload Growth - \$101,756 and 0.00 FTE.

Community Provider Inflationary Increase - \$1,658,651 and 0.00 FTE.

CMHC & FQHC Collaboration Expansion - \$1,000,000 and 0.00 FTE.

Crisis Intervention Training - \$200,000 and 0.00 FTE.

General Structure Adjustment (COLA) \$7,930 and 0.00 FTE.

Is this a federally mandated program?

Yes, the Americans with Disabilities Act (Supreme Court Ruling in Olmstead vs. LC, 1999) requires states to identify institutional residents who could be in community settings. Further, the federal block grant requires the Division to maintain a level of state funding for community programs.

Are there federal matching requirements?

Community Psychiatric Rehabilitation and Targeted Case Management are MO HealthNet services and require a forty percent (40%) state match. The federal block grant has a maintenance of effort requirement.

Does this program generate other revenues?

OHCDS generates approximately \$5 million through Adult Community Programs and Youth Community Programs which are used to offset prior year reductions in general revenue appropriations. Individuals whose services are paid through general revenue generate Federal MO HealthNet Administrative earnings which fund staff, expense and equipment, and client services.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$57,714,479	\$60,116,931	\$67,625,142	\$71,586,034
FEDERAL	\$68,153,430	\$65,793,730	\$82,488,187	\$83,412,301
OTHER	\$0	\$93,728	\$729,175	\$726,580
TOTAL	\$123,867,909	\$126,004,389	\$150,842,484	\$155,724,915

FTE: 9.80

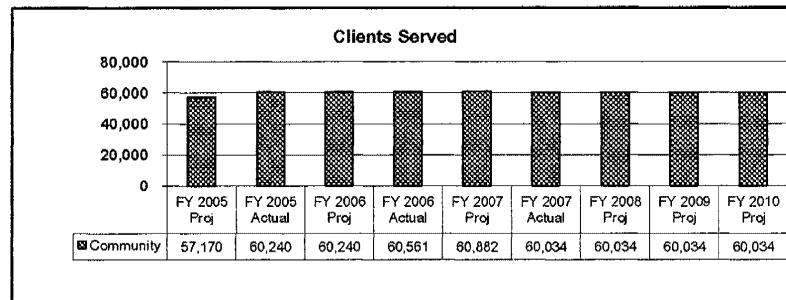
What are the sources of other funds?

Mental Health Trust Fund (MHTF-0926) \$266,235, Mental Health Local Tax Matching Fund (MHLTMF-0930) \$236,605 and Mental Health Earnings Fund (MHEF-0288) \$223,740.

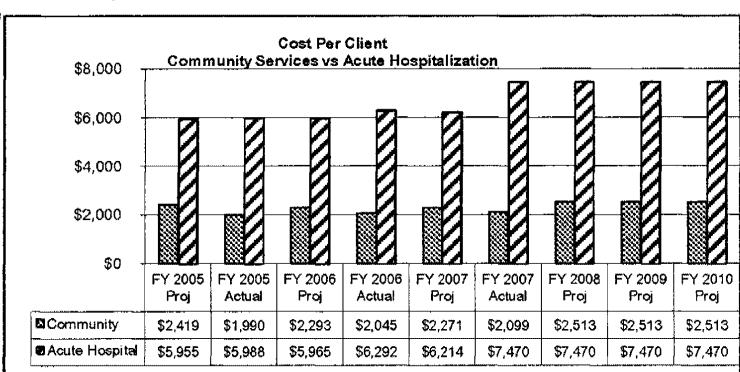
Who is eligible?

Adults who meet the definitional requirements of severe mental illness as established by the Department, and any individual in a psychiatric emergency needing assistance.

How many people have been served?



Efficiency and Effectiveness Measures:



Adult Community Programs - Residential

What does this appropriation support?

Treating individuals in community settings requires a variety of residential alternatives to meet the diverse needs and wide age range of those we serve. Funds are used to support the cost of residential services such as residential care facilities, group homes, and supported housing. Residential services are provided in the client's community through contractual arrangements. As individuals move into more normalized housing alternatives, they require intensive and flexible services and supports in order to maintain that housing. Provision of these services and supports will enable these individuals to successfully live and work in their communities. CPS contracts with over 400 providers of residential services. Examples of some of the residential services included are skilled nursing facilities, residential care facilities, supported housing and independent/semi-independent apartment programs.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 632.010.1, 632.010.2(1), 632.050 and 632.055 RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

Yes, the Americans with Disabilities Act (Supreme Court Ruling in Olmstead vs. LC, 1999) requires states to identify institutional residents who could be in more integrated community settings.

Are there federal matching requirements?

The Community Mental Health Block Grant has a maintenance of effort requirement. The Division must maintain aggregate state expenditures equal to or greater than the average of the two previous State fiscal years. Failure to comply results in a dollar for dollar loss of federal block grant funds.

Does this program generate other revenues?

No

Mental Health - Book 2, Page 135

Governor Recommended New Decision Items:

Serving Our Veterans - \$1,442,760 and 0.00 FTE.

CMHC & FQHC Collaboration Cost-to-Continue - \$750,000 and 0.00 FTE.

MI/DD Dual Diagnosis Comm Svrs - \$1,386,750 and 0.00 FTE.

Non-Emergency Medical Transportation - \$1,000,000 and 0.00 FTE.

MO HealthNet Match Adjustment - \$832,040 and 0.00 FTE.

Caseload Growth - \$101,756 and 0.00 FTE.

Community Provider Inflationary Increase - \$1,658,651 and 0.00 FTE.

CMHC & FQHC Collaboration Expansion - \$1,000,000 and 0.00 FTE.

Crisis Intervention Training - \$200,000 and 0.00 FTE.

General Structure Adjustment (COLA) \$7,930 and 0.00 FTE.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$13,322,267	\$14,318,750	\$14,318,750	\$14,318,750
FEDERAL	\$1,102,646	\$266,356	\$266,356	\$266,356
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$14,424,913	\$14,585,106	\$14,585,106	\$14,585,106

FTE: 0.00

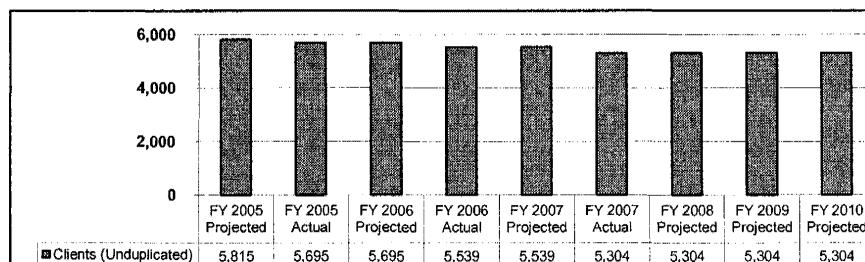
What are the sources of other funds?

N/A

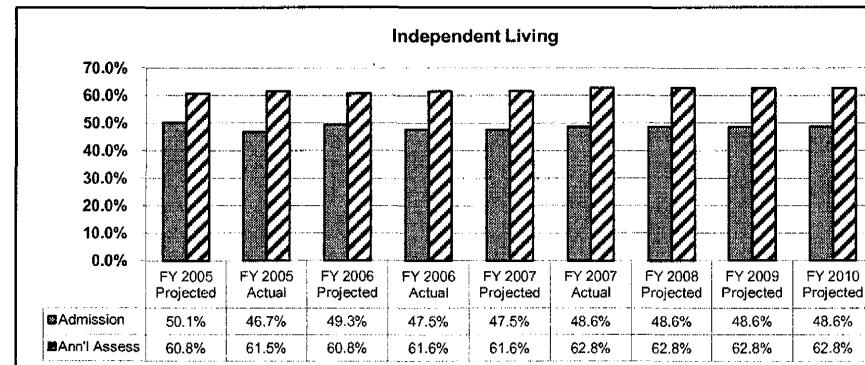
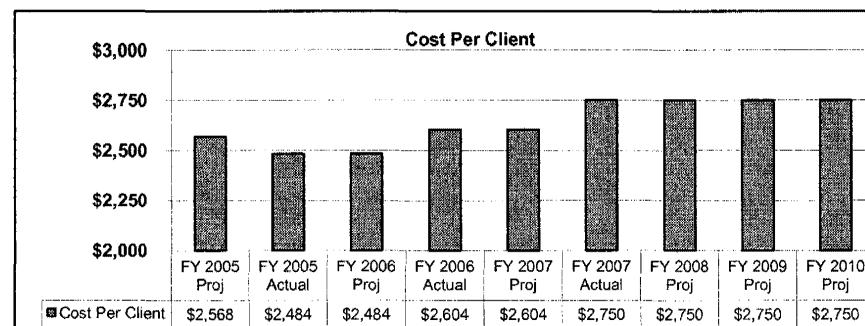
Who is eligible?

Adults who meet the definitional requirements of severe mental illness as established by the Department and are at risk of institutional care, homelessness if residential supports are not available.

How many people have been served?



Efficiency and Effectiveness Measures:



Civil Detention Legal Fees

What does this appropriation support?

The Division of Comprehensive Psychiatric Services (CPS) must comply with Sections 56.700, 632.405, 632.415 and 631.130 RSMo for statutorily mandated payment of attorney fees and costs related to the legal representation of individuals being considered for civil involuntary detention due to mental health issues, substance abuse treatment, and/or individuals refusing electroconvulsive treatments.

Where is the program located?

Statewide in counties where a mental health facility is located.

What is the authorization for this program?

State statutes: Sections 56.700, 632.405 and 632.415 RSMo. Court Administrative Rule #9.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Does this program generate other revenues?

No.

Are there federal matching requirements?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$855,665	\$819,241	\$906,649	\$906,649
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$855,665	\$819,241	\$906,649	\$906,649

FTE: 0.00

What are the sources of other funds?

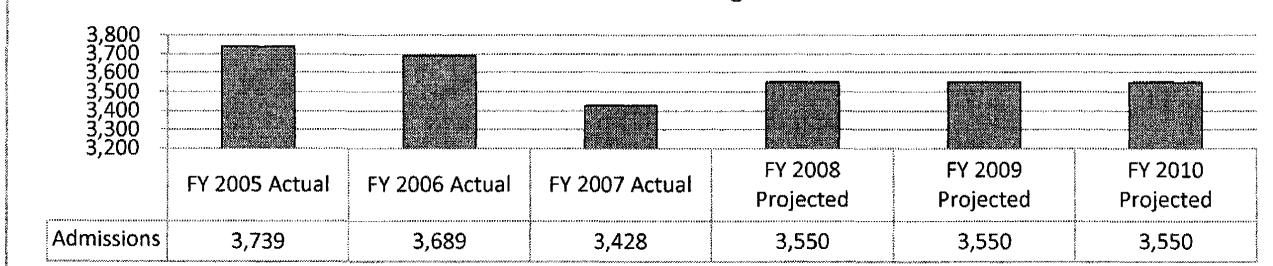
N/A

Who is eligible?

Any respondent, against whom involuntary civil detention proceedings have been instituted, who is unable to pay attorney's fees for services rendered in the proceedings.

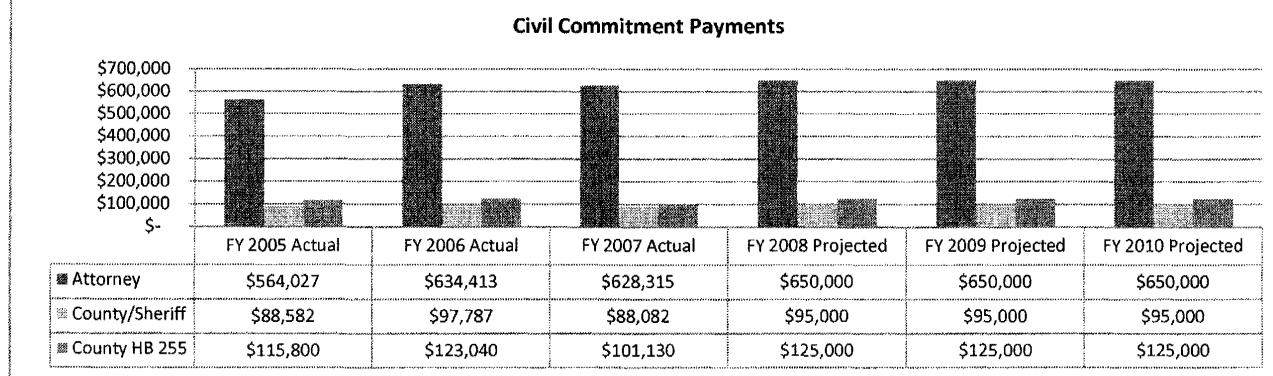
How many people have been served?

Civil Commitments Resulting in Admission



Efficiency and Effectiveness Measures:

Civil Commitment Payments



Mental Health - Book 2, Page 201

Governor Recommended New Decision Items:

Not applicable.

Forensic Support Services

What does this appropriation support?

Under Chapter 552 RSMo the Department is statutorily mandated to provide monitoring to forensic clients acquitted as not guilty by reason of mental disease or defect who are given conditional releases to the community by Circuit Courts. Monitoring is provided by Forensic Case Monitors under the auspices of the Director of Forensic Services. There are eleven Forensic Case Monitors located across the state who oversee approximately 430 forensic clients on conditional release statewide. The Department, upon order of the Circuit Court, provides pretrial evaluations pursuant to Chapter 552 RSMo. The Department requires that evaluations be completed by Certified Forensic Examiners who must hold doctorate degrees in medicine, osteopathy or psychology and who must complete required supervision and training. Services are also provided to over 400 inpatient clients per year.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Chapter 552 RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Mental Health - Book 2, Page 210

Governor Recommended New Decision Items:

PAB Approved Repositionings - \$4,094 and 0.00 FTE. General Structure Adjustment (COLA) \$21,008 and 0.00 FTE.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$697,934	\$750,261	\$781,875	\$806,977
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$697,934	\$750,261	\$781,875	\$806,977

FTE: 17.39

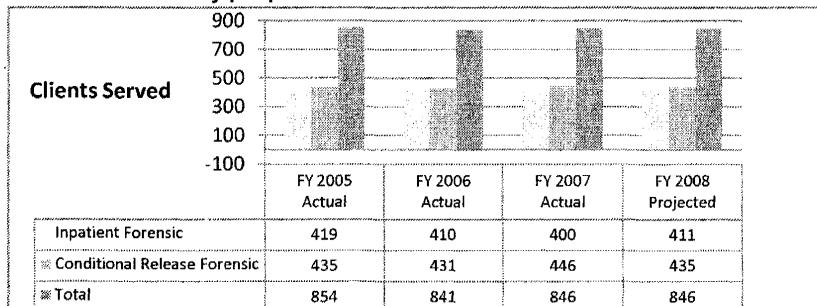
What are the sources of other funds?

N/A

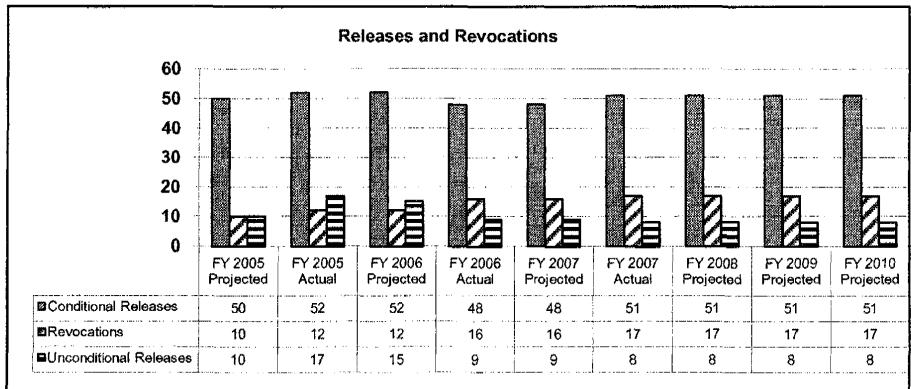
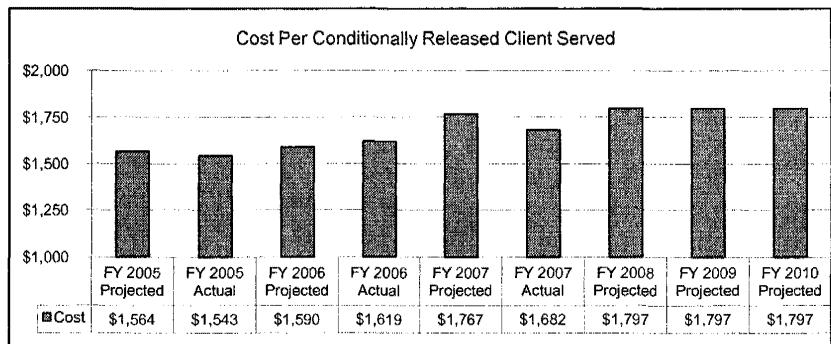
Who is eligible?

Forensic clients acquitted as not guilty by reason of mental disease or defect who are given conditional releases to the community by Circuit Courts.

How many people have been served?



Efficiency and Effectiveness Measures:



Youth Community Programs - Community Treatment and Psychiatric Rehabilitation

What does this appropriation support?

Youth Community Programs are administered locally by Community Mental Health Centers who serve as administrative agents for the Division for 25 defined service areas. Youth community programs are designed to promote community and family adjustment and maintain children with serious emotional disturbances within their natural home, school and community environment whenever possible. The service philosophy promotes child-centered, family focused and community-based planning and intervention. There are two major components of Youth Community Programs; Community Treatment and Psychiatric Rehabilitation. **Community Treatment Services** provide a community treatment and case management system that is delivered through the CPS network of Community Mental Health Centers (CMHC's). Voluntary access to needed services and the service delivery system is promoted in each service area through outreach, screening, intake and evaluation services performed by the local CMHC. The **Community Psychiatric Rehabilitation (CPR)** program provides an array of key services to children with serious emotional disturbances. This is a child-centered, family focus approach that emphasizes individual choices and needs, and flexible services and supports, using community resources and natural support systems. Promotion of independence and the pursuit of meaningful living, learning and leisure time activities in normal community settings is stressed in this treatment setting. Services include intake/annual evaluations, crisis intervention, case management, psychotherapy, respite, day treatment, community support, medication management and psychosocial rehabilitation.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 632.010.2(1), 632.050 and 632.055 RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

Yes, the Americans with Disabilities Act (Supreme Court Ruling in Olmstead vs. LC, 1999) requires states to identify institutional residents who could be in more integrated community settings. Further, the federal block grant requires the Division to maintain a level of funding for community programs for both adults and children. In addition, the block grant requires that a minimum of 10% of these funds be expended on children.

Are there federal matching requirements?

Community Psychiatric Rehabilitation and Targeted Case Management are Mo HealthNet services and require a forty percent (40%) state match. The Community Mental Health Block Grant has a maintenance of effort requirement. The Division must maintain aggregate state expenditures equal to or greater than the average of the two previous State fiscal years. Failure to comply results in a dollar for dollar loss of federal block grant funds.

Mental Health - Book 2, Page 225

Governor Recommended New Decision Items:

School Based Mental Health Services - \$2,571,477 and 0.00 FTE.

MO HealthNet Match Adjustment - \$231,599 and 0.00 FTE.

Caseload Growth - \$18,852 and 0.00 FTE.

Community Provider Inflationary Increase - \$454,939 and 0.00 FTE.

Children's Residential Rate Increase - \$184,325 and 0.00 FTE.

General Structure Adjustment (COLA) - \$9,644 and 0.00 FTE.

Lincoln County Partnership - \$370,270 and 0.00 FTE.

Does this program generate other revenues?

OHCDs generates approximately \$5 million through Adult Community Programs and Youth Community Programs which are used to offset prior year reductions in general revenue appropriations. Individuals whose services are paid through general revenue generate Federal MO HealthNet Administrative earnings which fund staff, expense and equipment, and client services.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$16,196,223	\$16,076,009	\$18,433,742	\$19,672,617
FEDERAL	\$18,298,801	\$16,971,936	\$23,675,887	\$22,327,268
OTHER	\$0	\$280,419	\$260,000	\$358,178
TOTAL	\$34,495,024	\$33,328,364	\$42,369,629	\$42,358,063

FTE: 7.31

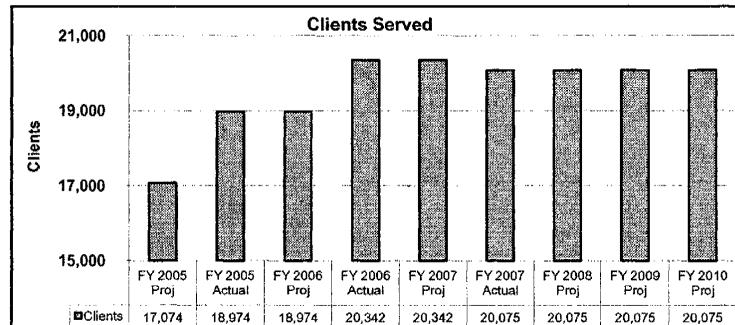
What are the sources of other funds?

Mental Health Local Tax Matching Fund (MHLTMF - 0930) \$358,178.

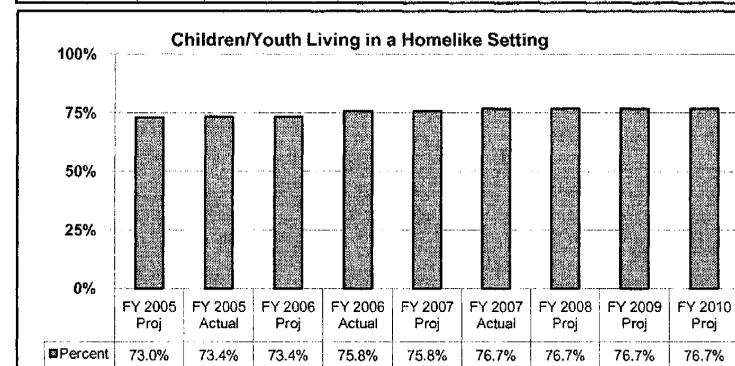
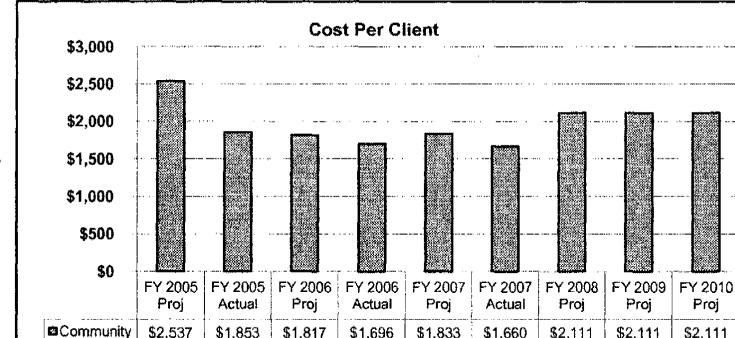
Who is eligible?

Youth who meet the definitional requirements of serious emotional disturbance as established by the Department, and any individual in a psychiatric emergency needing assistance.

How many people have been served?



Efficiency and Effectiveness Measures:



Youth Community Programs - Residential

What does this appropriation support?

Residential/Supported Community Living provides a variety of housing alternatives through contracts with private contractors to meet diverse needs for youth who cannot live in their family home. Funds are used to provide a variety of residential settings.

CPS contracts with one-hundred two (102) providers of residential services. This includes the following:

Residential Treatment Services-32; Youth Treatment Family Homes-37; Youth Group Homes-4; Family-Focused Residential Services-9; Therapeutic Foster Homes-4; Family Assistance Services Natural Homes-12; and other miscellaneous settings-4.

Where is the program located?

Statewide

What is the authorization for this program?

State statutes: Sections 632.010.2(1), 632.050 and 632.055 RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$3,026,439	\$4,899,179	\$4,899,179	\$5,083,504
FEDERAL	\$237,350	\$41,186	\$41,186	\$41,186
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$3,263,789	\$4,940,365	\$4,940,365	\$5,124,690

FTE: 0.00

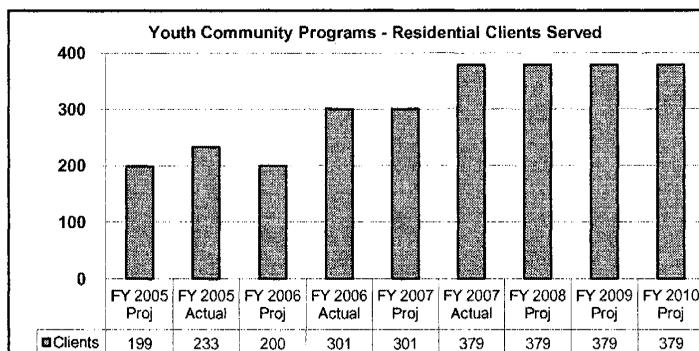
What are the sources of other funds?

N/A

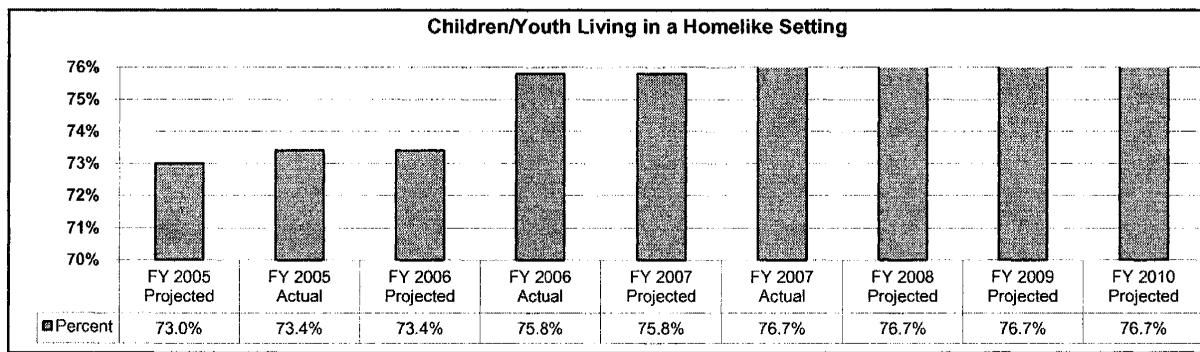
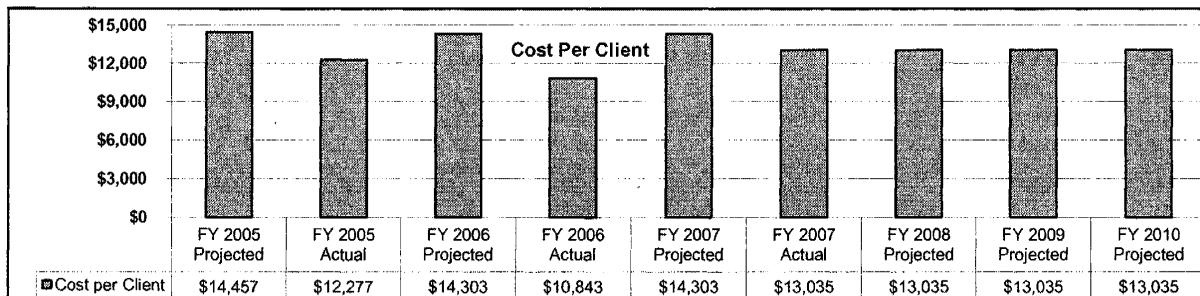
Who is eligible?

Children who meet the definitional requirements of serious emotional disturbance as established by the department and are at risk of institutional care or homelessness if residential supports are not available.

How many people have been served?



Efficiency and Effectiveness Measures:



Mental Health - Book 2, Page 229

Governor Recommended New Decision Items:

School Based Mental Health Services - \$2,571,477 and 0.00 FTE.

MO HealthNet Match Adjustment - \$231,599 and 0.00 FTE.

Caseload Growth - \$18,852 and 0.00 FTE.

Community Provider Inflationary Increase - \$454,939 and 0.00 FTE.

Children's Residential Rate Increase - \$184,325 and 0.00 FTE.

General Structure Adjustment (COLA) - \$9,644 and 0.00 FTE.

Lincoln County Partnership - \$370,270 and 0.00 FTE.

Services for Children's Division /Division of Youth Services (DYS) Clients

What does this appropriation support?

The purpose of this core item is to provide the authority for DMH to enter into inter-agency agreements with the Children's Division and Division of Youth Services to provide residential care and recovery for youths who require DMH services and have no other placement alternative. The Division of Youth Services (DYS) and the Children's Division are in need of treatment programs for children and adolescents in their care and custody who are experiencing psychiatric symptoms and disabilities. The primary clients are youth in need of residential mental health treatment which is generally not available in the community.

Where is the program located?

Western Missouri Mental Health Center, Kansas City, Hawthorn Children's Psychiatric Hospital, St. Louis, Cottonwood Residential Treatment Center, Cape Girardeau.

What is the authorization for this program?

State statutes: Section 630.060 RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$176,844	\$77,604	\$579,297	\$594,435
TOTAL	\$176,844	\$77,604	\$579,297	\$594,435

FTE: 11.00

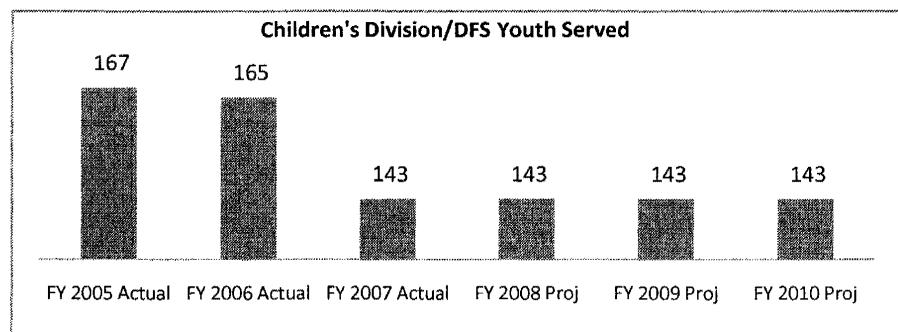
What are the sources of other funds?

Mental Health Interagency Payment Fund (MHIPF-0109) \$594,435

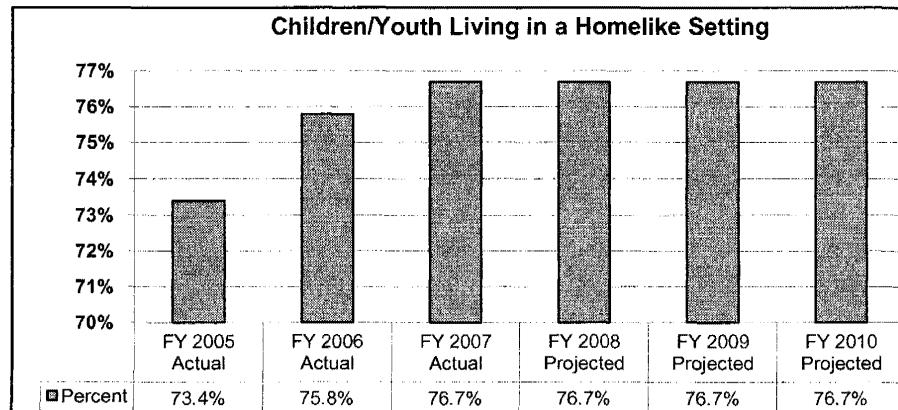
Who is eligible?

Non-MO HealthNet eligible adolescents in the custody of Children's Division and Division of Youth Services (DYS) experiencing psychiatric symptoms.

How many people have been served?



Effectiveness Measure



Mental Health - Book 2, Page 252

Governor Recommended New Decision Items:

General Structure Adjustment (COLA) \$15,138 and 0.00 FTE.

Medications

What does this appropriation support?

This program increases treatment adherence and efficacy by providing medications that are more effective and have fewer side effects. Prior to implementation of this program, many CPS clients were prescribed an older, less appropriate medication due to cost considerations. These commonly had more side effects and were not as effective.

The Department's current data indicates a forty-seven percent (47%) decrease in overdose deaths due to the new generation of antidepressants. The Department has also seen a thirty-seven percent (37%) decrease in the use of medications to treat the side effects of early generation anti-psychotics.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 632.010.2(1) and 632.055 RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$9,080,488	\$9,080,488	\$10,130,145	\$11,005,524
FEDERAL	\$916,243	\$916,243	\$916,243	\$916,243
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$9,996,731	\$9,996,731	\$11,046,388	\$11,921,767

FTE: 0.00

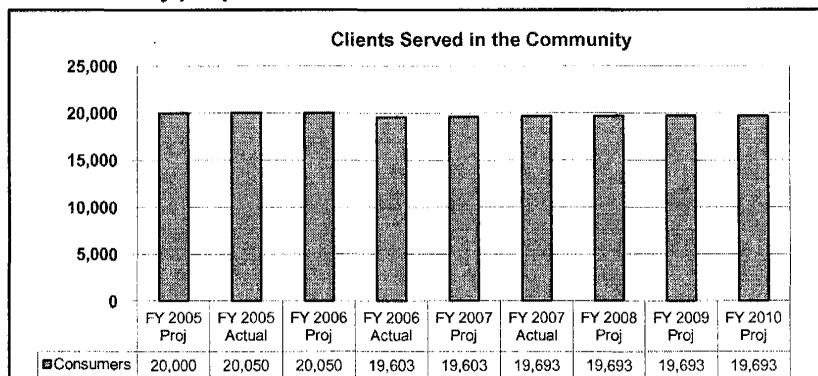
What are the sources of other funds?

N/A

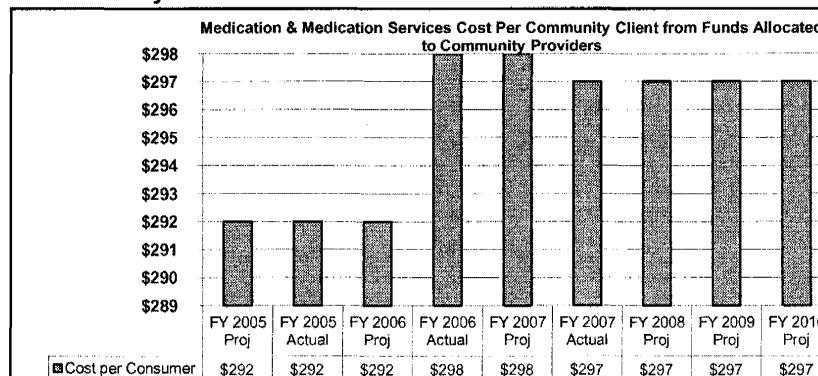
Who is eligible?

Adults and children who meet the definitional requirements of severe mental illness and serious emotional disturbance as established by the Department, and any individual in a psychiatric emergency needing assistance.

How many people have been served?



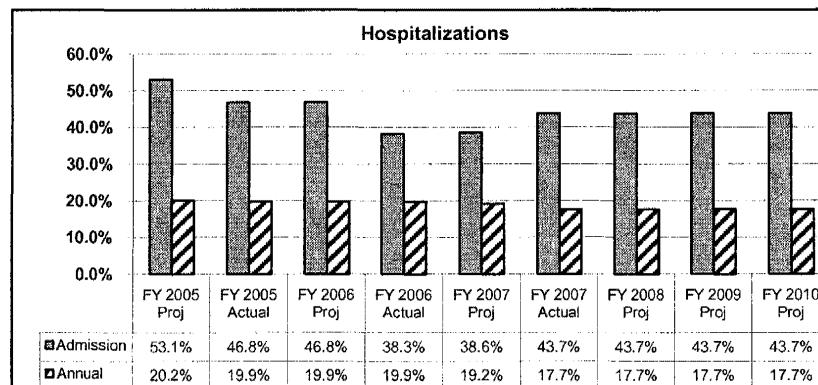
Efficiency and Effectiveness Measures:



Mental Health - Book 2, Page 261

Governor Recommended New Decision Items:

Increased Medication Costs - \$875,379 and 0.00 FTE.



Loss of Benefits (NGRI)

What does this appropriation support?

The Social Security Domestic Employment Reform Act of 1994 removed Social Security Disability Insurance (SSDI), Retirement Survivors Disability Insurance (RSDI), and Social Security Retirement (SSA) for those individuals committed as incompetent to proceed and not guilty by reason of mental disease or defect.

Medicare Part B premiums, which help pay for necessary health care costs, were previously paid for out of these Social Security funds. Payment of these premiums will maintain Medicare insurance for those eligible forensic clients thereby allowing Medicare to pick up a major portion of client medical expenses.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Chapter 552 RSMo 2000 and sections 632.010.2(1), 632.025 and 632.055 RSMo 2000.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$835,079	\$855,685	\$881,048	\$881,048
FEDERA	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$835,079	\$855,685	\$881,048	\$881,048
			FTE:	0.00

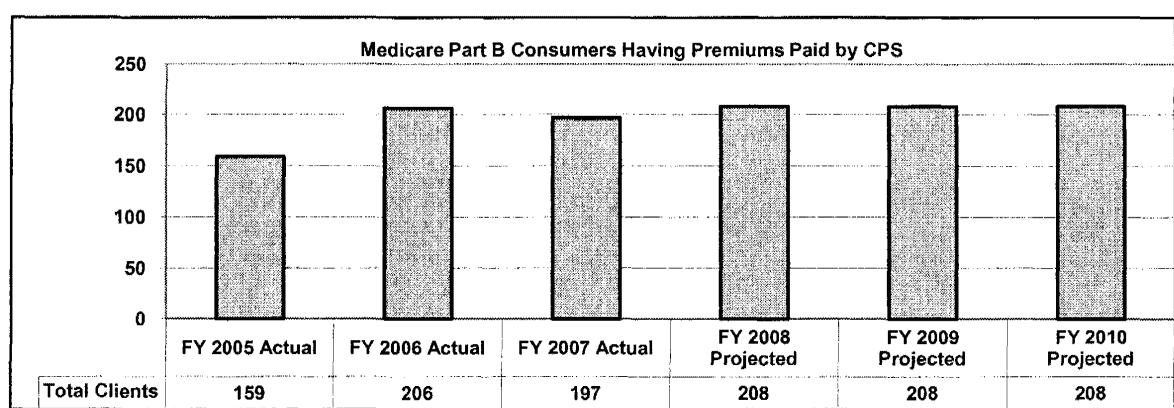
What are the sources of other funds?

N/A

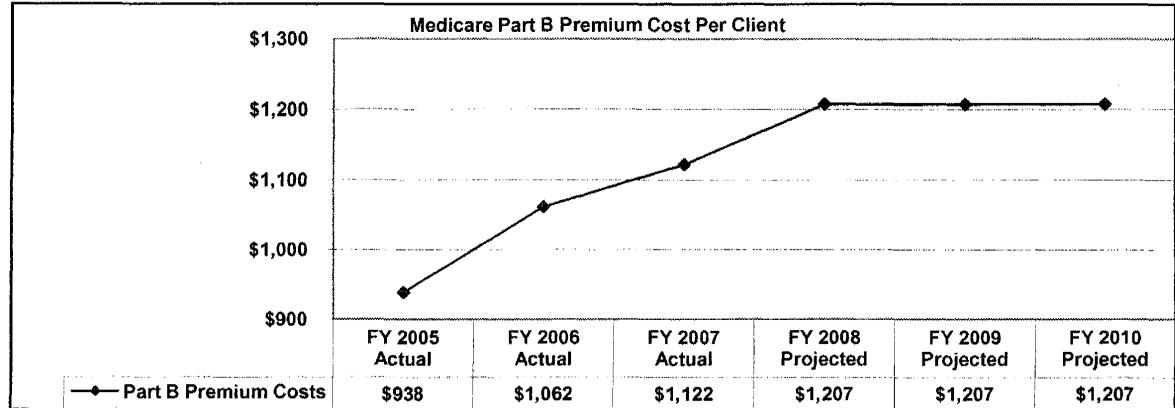
Who is eligible?

Individuals committed by Circuit Courts pursuant to Chapter 552 RSMo. as not competent to proceed to trial and not guilty by reason of mental disease or defect.

How many people have been served?



Efficiency and Effectiveness Measures:



Mental Health - Book 2, Page 289

Governor Recommended New Decision Items:

Not Applicable.

Adult Inpatient - Acute

What does this appropriation support?

This service can be generally defined as inpatient hospitalization and psychiatric treatment of less than 30 days. It is designed to provide intensive treatment to adults who require hospitalization, and, to return the person rapidly back to their living environment to avoid the major life disruptions caused by long term hospitalizations. Many of these individuals are civilly committed to our facilities due to behaviors which are considered dangerous to self or others. Because of the degree of illness that these individuals display, they are in need of an intensive interdisciplinary treatment program aimed at restoring their functioning and mobilizing their internal and external resources. Discharge planning and involvement of the family in treatment provides a transition for the patient back out of the hospital. An aftercare plan provides linkage to community-based services to facilitate continuity of care and minimize readmission.

Where is the program located?

Southeast Missouri Mental Health Center - Farmington, Metropolitan St. Louis Psychiatric Center, Mid-Missouri Mental Health Center - Columbia, Western Missouri Mental Health Center - Kansas City, Southwest Missouri Psychiatric Rehabilitation Center - Eldorado Springs.

What is the authorization for this program?

State statutes: Sections 632.010.2 and 632.010.2(1) RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

Inpatient facilities provide GR match for MO HealthNet eligible services through the certification of GR expenses, no additional match is required. Also, the cost associated with the operation of CPS acute care hospitals significantly impacts the reimbursements made by MO HealthNet under the federal disproportionate share requirements.

Mental Health - Book 2, Page 400

Governor Recommended New Decision Items:

Increased Medication Costs - \$175,622 and 0.00 FTE.

Pharmacy Privatization Contract - \$353,468 and 0.00 FTE.

Increased Medical Care Costs - \$116,565 and 0.00 FTE.

Increased Food Costs - \$70,864 and 0.00 FTE.

PAB Approved Repositionings - \$46,526 and 0.00 FTE.

Western MO MHC MI/DD Waiver Group Homes - \$499,997 and 0.00 FTE.

PAB Approved Repositionings - CAT and Security Aide Elimination, Psychologist Retention, Psychiatrist Pay Increase - \$510,585 and 0.00 FTE.

General Structure Adjustment (COLA) \$1,699,497 and 0.00 FTE.

Recruitment & Retention - \$8,576 and 0.00 FTE.

Does this program generate other revenues?

Acute care hospitals generate a significant amount of reimbursement by billing their services for individuals who are under 21 years of age to MO HealthNet, and private insurance. Due to the Federal Institutes for Mental Disease rules individuals between 21 and 65 cannot be billed to MO HealthNet. However, the MO HealthNet rules also allow for the reimbursement of charity care through disproportionate share reimbursements.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$42,021,243	\$43,125,988	\$45,833,754	\$47,589,157
FEDERAL	\$470,054	\$671,282	\$690,767	\$1,749,979
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$42,491,297	\$43,797,270	\$46,524,521	\$49,339,136

FTE: 1,141.95

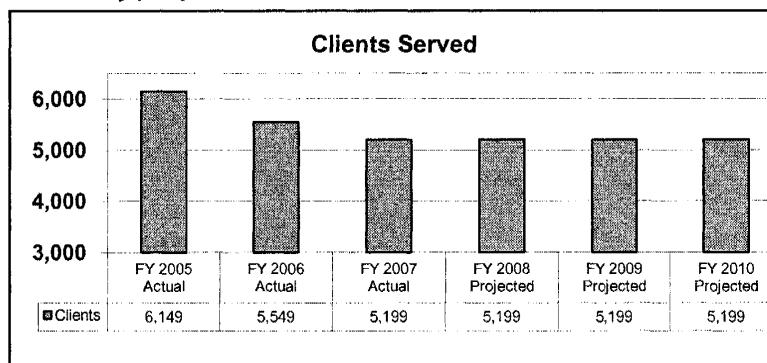
What are the sources of other funds?

N/A

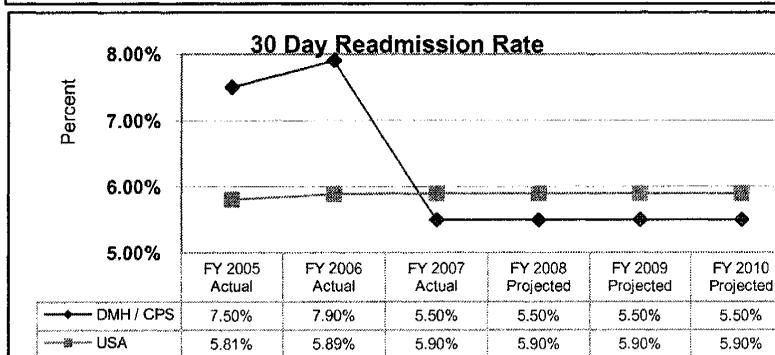
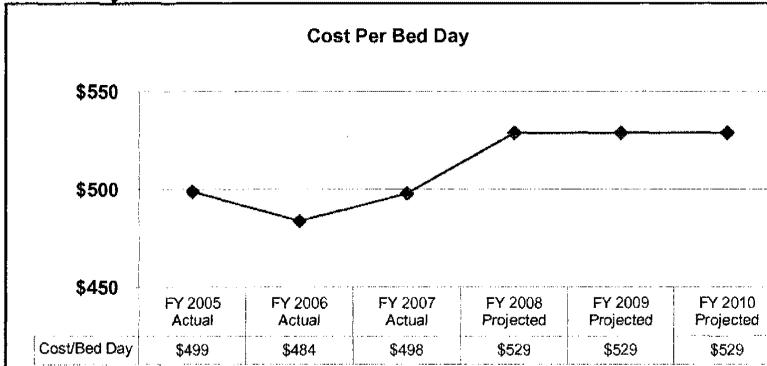
Who is eligible?

Individuals who are civilly committed to CPS facilities due to behaviors which are considered dangerous to self or others or those in acute psychiatric emergency who are voluntarily admitted.

How many people have been served?



Efficiency and Effectiveness Measures:



Adult Inpatient - Corrections

What does this appropriation support?

The Biggs Forensic Center at Fulton State Hospital is the only maximum security forensic unit for the entire state. Care and treatment is provided to inmates of the Department of Corrections who are in acute psychiatric emergencies or demonstrating significant self-injurious behaviors. The Guhleman Medium Security Forensic Center, also at Fulton State Hospital, provides psychiatric treatment for female inmates of the Department of Corrections (DOC). In addition, 20 beds located within the Farmington Correctional Center are utilized pursuant to a cooperative effort between the DOC and Mental Health to provide mental health services to inmates that have a special need for these services.

Where is the program located?

Fulton State Hospital and Southeast Mental Health Center in Farmington.

What is the authorization for this program?

State statutes: Sections 632.010.2 and 632.010.2(1)
RSMo.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$4,316,911	\$4,834,795	\$5,171,613	\$5,548,181
FEDERA	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$4,316,911	\$4,834,795	\$5,171,613	\$5,548,181
			FTE:	136.94

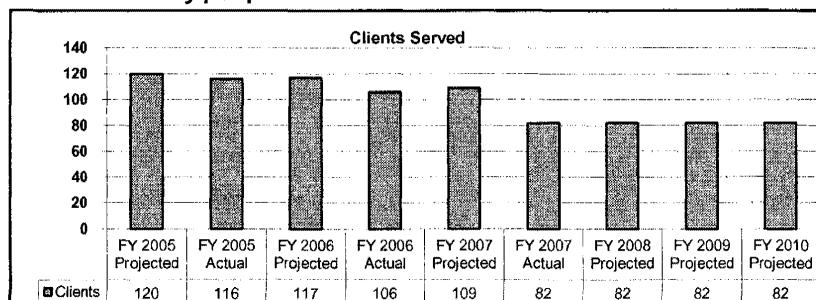
What are the sources of other funds?

N/A

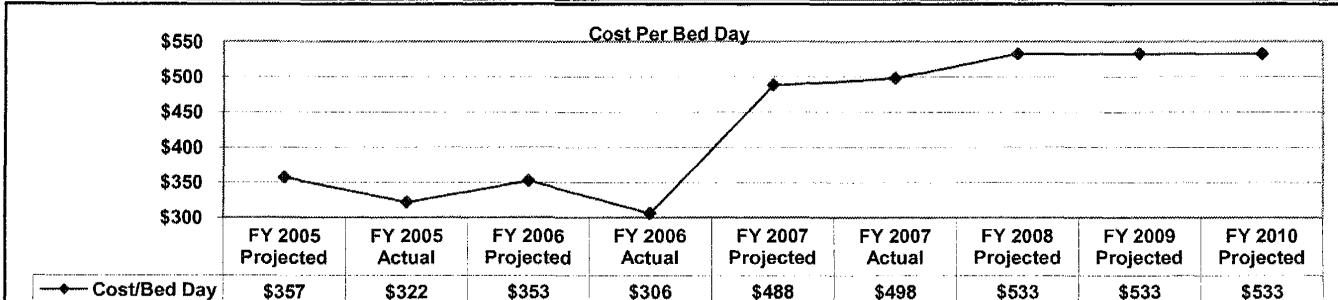
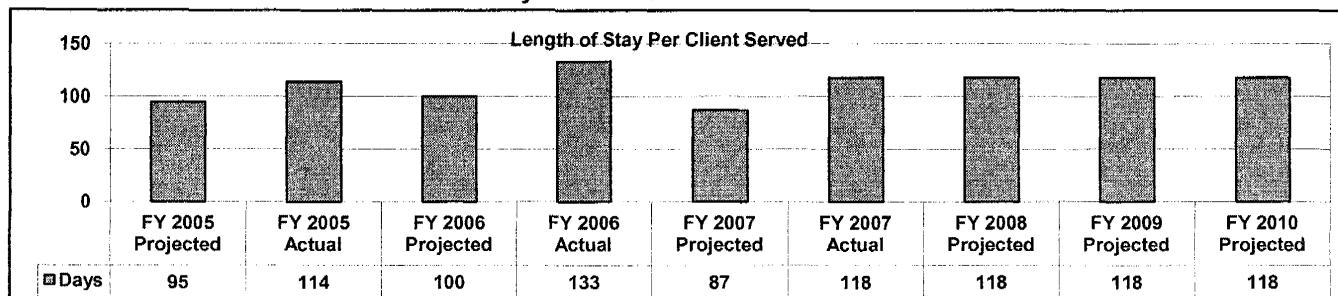
Who is eligible?

Inmates of the Department of Corrections who are in acute psychiatric emergencies or demonstrating significant self-injurious behaviors.

How many people have been served?



Efficiency and Effectiveness Measures:



Mental Health - Book 2, Page 405

Governor Recommended New Decision Items:

Increased Medication Costs - \$394,973 and 0.00 FTE.

Pharmacy Privatization Contract - \$442,762 and 0.00 FTE.

Increased Medical Care Costs - \$94,467 and 0.00 FTE.

Increased Food Costs - \$67,956 and 0.00 FTE.

PAB Approved Repositionings - \$68,381 and 0.00 FTE.

PAB Approved Repositionings - CAT and Security Aide Elimination,

Psychologist Retention, Psychiatrist Pay Increase - \$433,382 and 0.00 FTE.

General Structure Adjustment (COLA) \$1,785,161 and 0.00 FTE.

Recruitment & Retention - \$253,872 and 0.00 FTE.

Adult Inpatient - Long Term

What does this appropriation support?

This service provides inpatient hospitalization and psychiatric treatment in excess of 30 days. It serves two basic populations: individuals admitted voluntarily or by guardian (adult general) and individuals committed by the court (forensic). Services to the adult general population consist primarily of psychosocial rehabilitation and inpatient treatment for those individuals with severe and persistent mental illness. Forensic clients are involuntarily committed as a result of incompetent to proceed, pre-trial investigation or NGRI status. The Division has developed a full range of secured treatment settings in order to more effectively treat forensic clients and to ensure public safety consistent with the statutory mandates of Chapter 552, RSMo., including Intermediate and Maximum Security settings. The division's only maximum security setting, the Biggs Forensic Center, is at Fulton State Hospital. The security of all facilities in the continuum is defined through various applications of secured perimeters including inside and outside containment, internal security systems, escort requirements and security staffing.

Where is the program located?

Fulton State Hospital, Northwest Missouri Psychiatric Rehabilitation Center - St. Joseph, St. Louis Psychiatric Rehabilitation Center, Southeast Missouri Mental Health Center - Farmington, Southwest Missouri Psychiatric Rehabilitation Center - Eldorado Springs.

What is the authorization for this program?

State statutes: Sections 632.010.2, 632.010.2(1) and Chapter 552 RSMo.

Federal law: N/A

Federal regulation: N/A

Does this program generate other revenues?

Long-term care hospitals generate reimbursements by billing their services for individuals who are under 21 and over 65 years of age to MO HealthNet, Medicare, and private insurance. Due to the Federal Institutes for Mental Disease rules individuals between 21 and 65 cannot be billed to MO HealthNet or Medicare. However, the MO HealthNet rules also allow for the reimbursement of charity care through disproportionate share reimbursements.

Are there federal matching requirements?

Inpatient facilities provide GR match for MO HealthNet eligible services through the certification of GR expenses, no additional match is required. Also, the cost associated with the operation of the CPS long-term care hospitals significantly impacts the reimbursement made by MO HealthNet under the federal disproportionate share requirements.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$80,572,035	\$87,058,848	\$86,552,044	\$90,057,467
FEDERAL	\$834,880	\$873,585	\$926,437	\$1,660,169
OTHER	\$424,931	\$359,298	\$934,522	\$747,558
TOTAL	\$81,831,846	\$88,291,731	\$88,413,003	\$92,465,194
			FTE:	2,244.93

What are the sources of other funds?

Mental Health Interagency Payment Fund (MHIPF-0109) \$300,000 and the Mental Health Trust Fund (MHTF-0926) \$447,558.

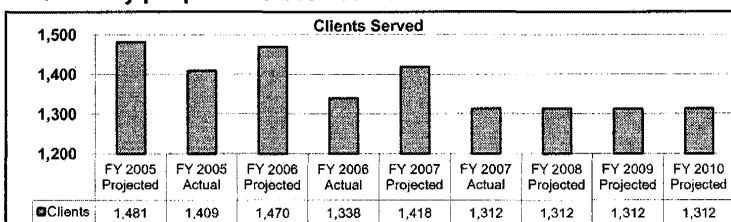
Who is eligible?

Individuals with severe and persistent mental illness that may exhibit signs of some danger to themselves or others, and, their illness cannot be effectively treated in a less restrictive environment. Many of these clients are hospitalized due to long-term civil involuntary commitment. Forensic clients are involuntarily committed as a result of incompetent to proceed, pre-trial investigation or NGRI status.

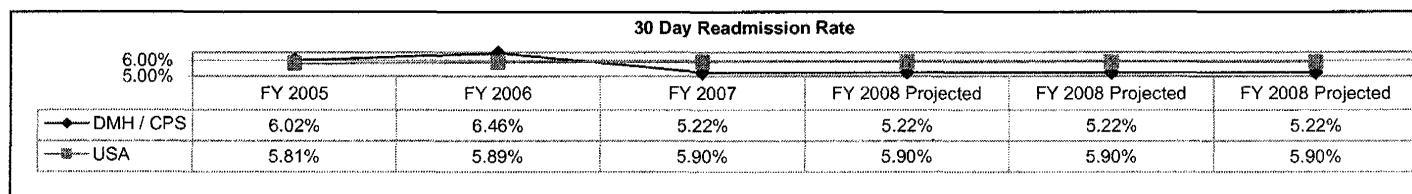
Is this a federally mandated program?

No.

How many people have been served?



Efficiency and Effectiveness Measures:



Mental Health - Book 2, Page 408

Governor Recommended New Decision Items:

Increased Medication Costs - \$568,525 and 0.00 FTE.

Pharmacy Privatization Contract - \$641,875 and 0.00 FTE.

Increased Medical Care Costs - \$129,343 and 0.00 FTE.

Increased Food Costs - \$101,423 and 0.00 FTE.

PAB Approved Repositionings - \$73,025 and 0.00 FTE.

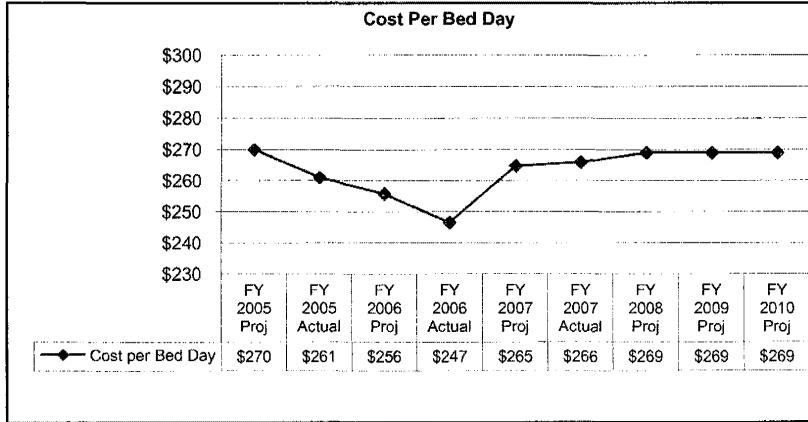
PAB Approved Repositionings - CAT and Security Aide

Elimination, Psychologist Retention, Psychiatrist Pay

Increase - \$646,938 and 0.00 FTE.

Recruitment & Retention - \$253,872 and 0.00 FTE.

General Structure Adjustment (COLA) \$2,720,310 and 0.00 FTE.



Adult Inpatient - Residential

What does this appropriation support?

This service provides housing and support services to adults who have emotional and/or behavioral problems that prevent their successful placement in a community setting. These individuals require placement outside of their natural home, but in a less restrictive environment than that of an inpatient. The goal of these services is to provide rehabilitative and treatment services in a secure setting that will prepare clients to move to community placements when possible.

Where is the program located?

Western Missouri Mental Health Center - Kansas City;
Fulton State Hospital

What is the authorization for this program?

State statutes: Sections 632.010.2 and 632.010.2(1)
RSMo 2000.

Federal law: N/A

Federal regulation: N/A

Does this program generate other revenues?

No.

Is this a federally mandated program?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$5,768,841	\$6,166,385	\$6,247,711	\$6,386,343
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$5,768,841	\$6,166,385	\$6,247,711	\$6,386,343

FTE: 154.56

What are the sources of other funds?

N/A

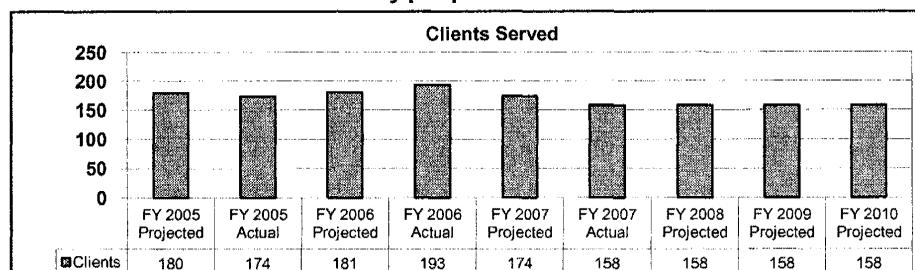
Who is eligible?

Adults who are admitted to CPS inpatient facilities and awaiting a community placement or are not yet prepared for full discharge from the hospital.

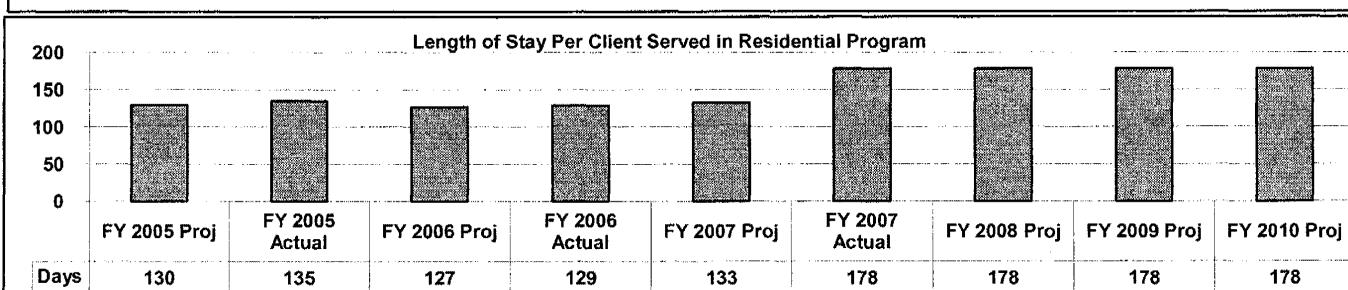
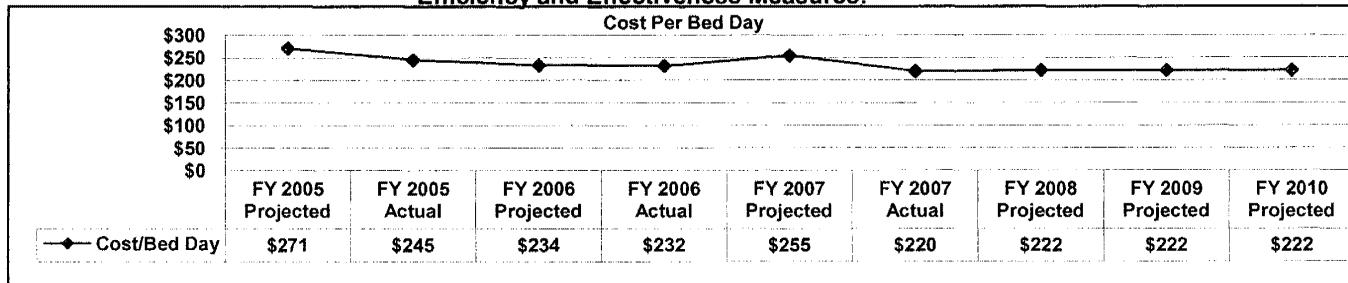
Are there federal matching requirements?

No.

How many people have been served?



Efficiency and Effectiveness Measures:



Mental Health - Book 2, Page 414

Governor Recommended New Decision Items:

Increased Medication Costs - \$361,072 and 0.00 FTE.

Pharmacy Privatization Contract - \$357,154 and 0.00 FTE.

Increased Medical Care Costs - \$91,240 and 0.00 FTE.

General Structure Adjustment (COLA) \$1,745,745 and 0.00 FTE.

PAB Approved Repositionings - \$68,693 and 0.00 FTE.

Western MO MHC MI/DD Waiver Group Homes - \$499,997 and 0.00 FTE.

PAB Approved Repositionings - CAT and Security Aide Elimination, Psychologist Retention, Psychiatrist Pay Increase - \$413,753 and 0.00 FTE.

Increased Food Costs - \$63,609 and 0.00 FTE.

Missouri Sexual Offender Treatment Center

What does this appropriation support?

The Missouri Sexual Offender Treatment Center provides appropriate treatment and housing for those individuals adjudicated by the courts as sexually violent predators. With the passage of the sexually violent predator law which was effective January 1, 1999, the Missouri General Assembly mandated that those individuals adjudicated by the court as "sexually violent predators" be committed indefinitely to the custody of the Director of the Department of Mental Health for "control, care and treatment until such time...that the person is safe to be at large." In order for such commitments to pass constitutional scrutiny, the Department must provide care and treatment that is consistent with existing professional standards and practice. The law also requires that individuals committed for treatment be kept in a secure facility and housed separately from Department of Corrections inmates and from other mental health clients who have not been found to be sexually violent predators.

Where is the program located?

Missouri Sexual Offender Treatment Center,
Farmington.

What is the authorization for this program?

State statutes: Section 632.480-632.513 RSMo.

Federal law: N/A

Federal regulation: N/A

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$8,165,095	\$9,092,215	\$11,283,824	\$13,442,873
FEDERAL	\$0	\$0	\$0	\$35,241
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$8,165,095	\$9,092,215	\$11,283,824	\$13,478,114

FTE: 311.52

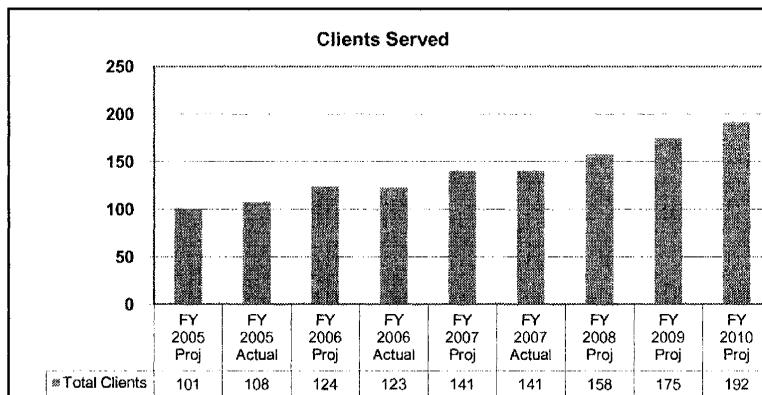
What are the sources of other funds?

N/A

Who is eligible?

Individuals committed by the courts.

How many people have been served?



Is this a federally mandated program?

No.

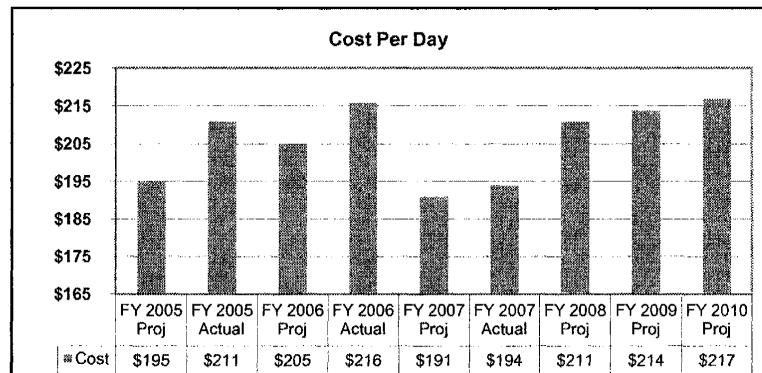
Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Efficiency and Effectiveness Measures:



Mental Health - Book 2, Page 503

Governor Recommended New Decision Items:

MSOTC Cost to Continue - \$441,395 and 10.50 FTE.

MSOTC Expansion - \$1,036,398 and 24.02 FTE.

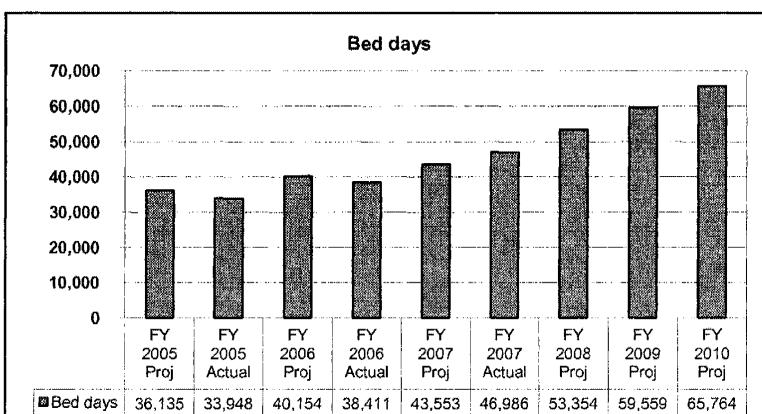
General Structure Adjustment (COLA) \$266,564 and 0.00 FTE.

Increased Medication Costs - \$32,046 and 0.00 FTE.

Recruitment & Retention - \$78,317 and 0.00 FTE.

Increased Medical Care Costs - \$25,599 and 0.00 FTE.

PAB Approved Repositionings - CAT and Security Aide Elimination, Psychologist Retention, Psychiatrist Pay Increase - \$39,936 and 0.00 FTE.



Youth Inpatient - Acute Care

What does this appropriation support?

Children with psychiatric disorders require a system of care approach with a comprehensive array of services in order to manage their psychiatric disorders including psychiatric inpatient treatment. Acute inpatient psychiatric treatment is utilized when a child is in acute crisis, or is at serious risk of harming themselves or others, and cannot be managed in a less restrictive setting. Acute inpatient treatment provides intensive intervention which can get the child stabilized and back in the community as soon as possible.

Where is the program located?

Hawthorn Children's Psychiatric Hospital, St. Louis, Mid-Missouri Mental Health Center, Columbia and Western Missouri Mental Health Center, Kansas City.

What is the authorization for this program?

Sections 632.010.1 and 632.010.2(1) RSMo 2000.

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

Inpatient facilities provide GR match for MO HealthNet eligible services through the certification of GR expenses - no additional match is required. Also, the cost associate with the operation of CPS acute care hospitals significantly impacts the reimbursement made by MO HealthNet under the federal disproportionate share requirements.

Does this program generate other revenues?

Youth acute care hospitals generate a significant amount of reimbursement by billing their services for individuals who are under 21 years of age to MO HealthNet, and private insurance. Due to the Federal Institutes for Mental Disease rules individuals between 21 and 65 cannot be billed to MO HealthNet. However, the MO HealthNet rules also allow for the reimbursement of charity care through disproportionate share reimbursements.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$5,762,910	\$6,124,723	\$6,202,919	\$6,504,616
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$5,762,910	\$6,124,723	\$6,202,919	\$6,504,616

FTE: 152.85

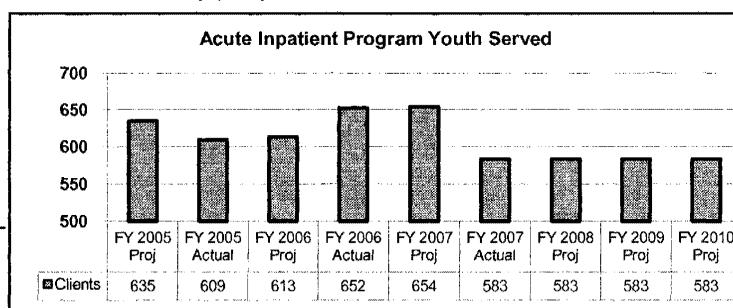
What are the sources of other funds?

N/A

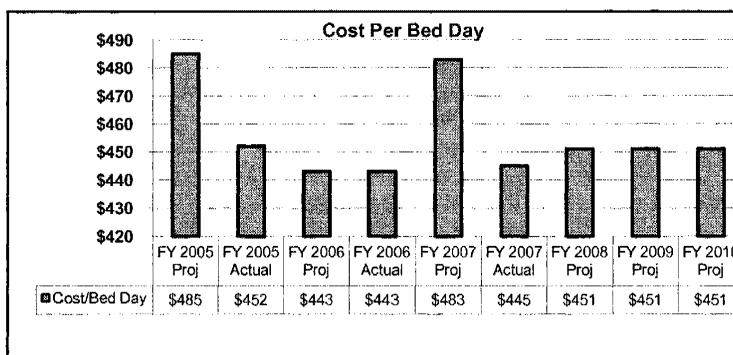
Who is eligible?

Children who are found to be in a psychiatric emergency who through their family voluntarily present for admission or children who are being involuntarily admitted through a civil court order or an imminent harm affidavit.

How many people have been served?



Efficiency and Effectiveness Measures:



Mental Health - Book 2, Pages 476

Governor Recommended New Decision Items:

Increased Medication Cost - \$112,429 and 0.00 FTE.

Pharmacy Privatization Contract - \$227,140 and 0.00 FTE.

Increased Medical Care Cost - \$73,498 and 0.00 FTE.

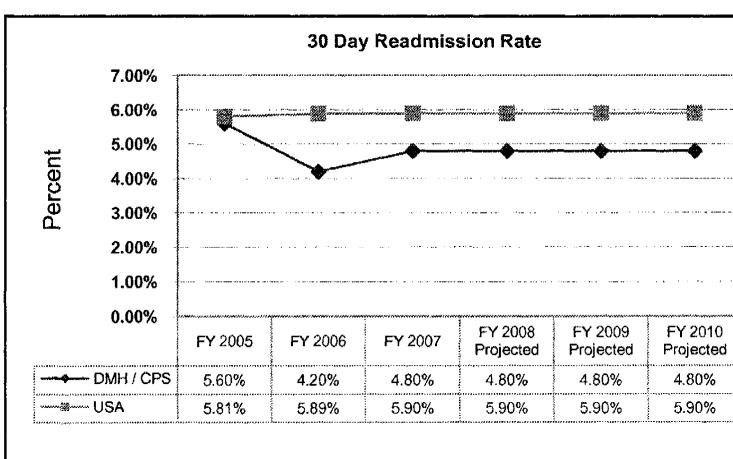
PAB Approved Repositionings - \$13,996 and 0.00 FTE.

Increased Food Costs - \$37,583 and 0.00 FTE.

Western MO MHC MI/DD Waiver Group Homes - \$499,997 and 0.00 FTE.

PAB Approved Repositionings - CAT and Security Aide Elimination, Psychologist Retention, Psychiatrist Pay Increase - \$249,357 and 0.00 FTE.

General Structure Adjustment (COLA) \$967,455 and 0.00 FTE.



Youth Inpatient - Residential

What does this appropriation support?

Youth residential facilities provide services to children who have emotional and/or behavioral problems that prevent their placement in community programs. These youth are in need of placement outside their natural home, but in a less restrictive environment than that of an inpatient hospital. The objective of this program is to provide mental health services to children and youth in the least restrictive environment and reduce the length of time children must remain in a hospital awaiting a community placement.

Where is the program located?

Cottonwood Residential Treatment Center, Cape Girardeau and Hawthorn in St. Louis.

What is the authorization for this program?

State statutes: Sections 632.010.1 and 632.010.2(1)
RSMo

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

Inpatient facilities provide GR match for MO HealthNet eligible services through the certification of GR expenses - no additional match is required.

Does this program generate other revenues?

Youth Residential facilities generate reimbursement by billing their services for individuals who are under 21 years of age to Mo HealthNet through the psychiatric treatment in residential facilities (PTRF) option.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov Rec
GR	\$4,576,780	\$4,518,669	\$4,616,390	\$4,463,460
FEDERAL	\$2,271,325	\$2,769,645	\$3,436,592	\$3,764,896
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$6,848,105	\$7,288,314	\$8,052,982	\$8,228,356

FTE: 209.72

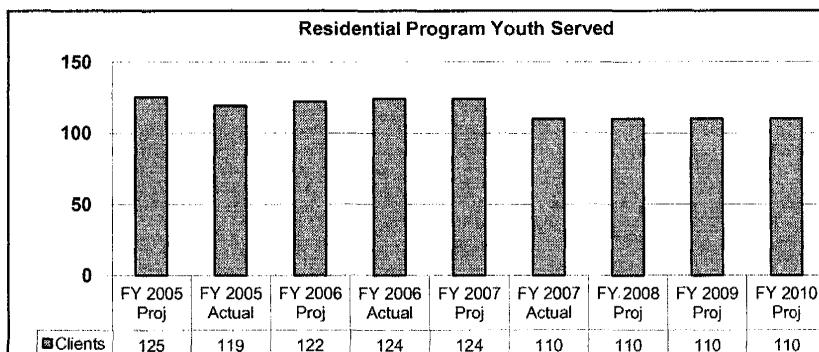
What are the sources of other funds?

N/A

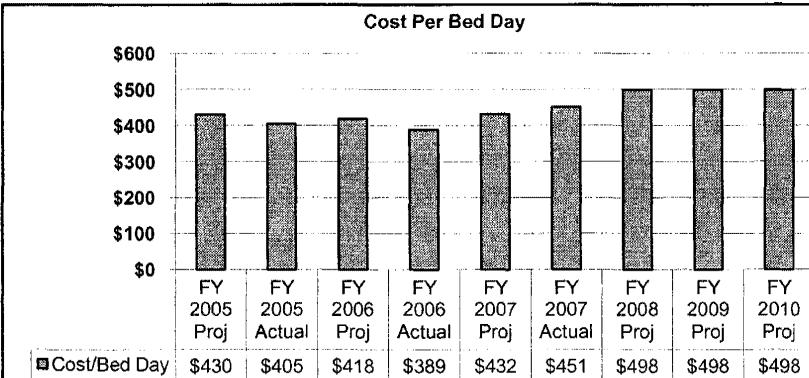
Who is eligible?

Children who are admitted to CPS inpatient facilities and awaiting a community placement or are not yet prepared for full discharge from the hospital.

How many people have been served?



Efficiency and Effectiveness Measures:



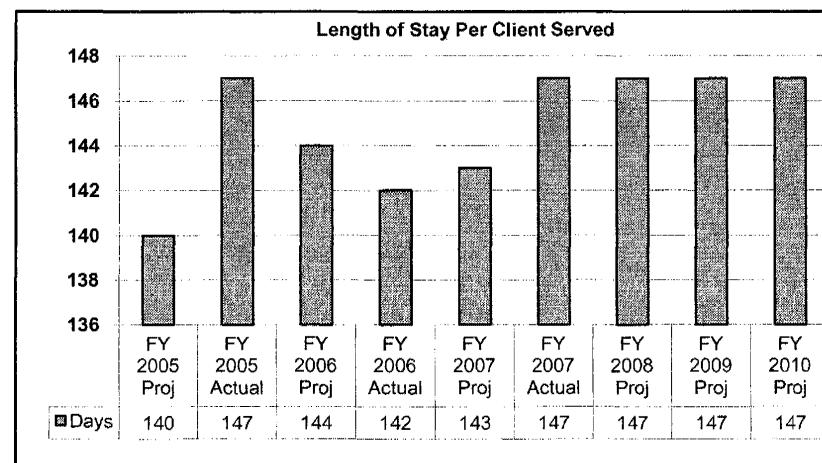
Mental Health - Book 2, Pages 480

Governor Recommends New Decision Items:

Increased Medication Cost - \$31,803 and 0.00 FTE.
Pharmacy Privatization Contract - \$93,210 and 0.00 FTE.

Increased Medical Care Cost - \$28,780 and 0.00 FTE.
PAB Approved Repositionings - CAT and Security Aide Elimination, Psychologist Retention, Psychiatrist Pay Increase - \$60,248 and 0.00 FTE.

General Structure Adjustment (COLA) \$297,805 and 0.00 FTE.



MRDD Administration

What does this appropriation support?

The Division of Mental Retardation and Developmental Disabilities (MRDD) is responsible for ensuring that prevention, evaluation, care, habilitation, and rehabilitation services are accessible to Missouri citizens with developmental disabilities. In order to carry out its mission, the Division provides services to persons with developmental disabilities through eleven regional offices and six habilitation centers. These seventeen facilities serve nearly 30,000 consumers and employ over 4,041 individuals who need administrative and technical support. This House Bill (HB) section provides funding for personal services and expense and equipment for administrative staff who are essential in overseeing all statewide programs through establishing policies, procedures, and providing support to the Division's facilities and contract providers. There are six sections of MRDD's central office: director's office, administrative services, federal programs, policy/training/quality assurance, systems transformation and licensure/certification.

Where is the program located?

The majority of staff funded in this HB section are located in Jefferson City. There are a few staff including District Administrators who are located in other areas of the state.

What is the authorization for this program?

State statutes: Section 633.010 RSMo 2005

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$895,836	\$946,911	\$1,912,926	\$1,965,723
FEDERAL	\$54,183	\$254,099	\$358,064	\$366,890
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$950,019	\$1,201,010	\$2,270,990	\$2,332,613

FTE: 39.00

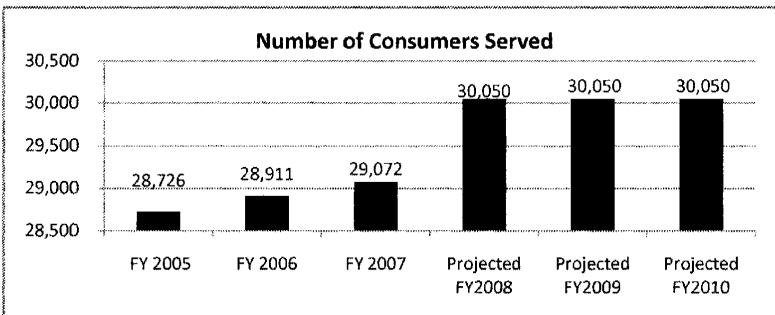
What are the sources of other funds?

N/A

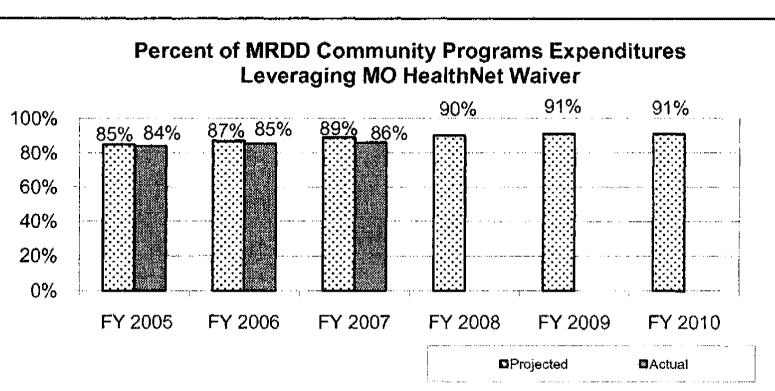
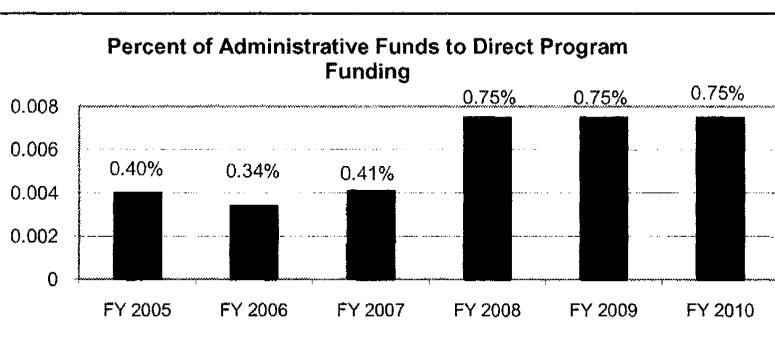
Who is eligible?

To be eligible for services, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?



Efficiency and Effectiveness Measures:



Mental Health Book - Book 3, Page 7

Governor Recommended New Decision Items:

General Structure Adjustment (COLA) - \$52,797 GR and \$8,826 FED and 0.00 FTE

Habilitation Center Staffing Pool

What does this appropriation support?

As a part of the services system for persons with disabilities, the Division of Mental Retardation and Developmental Disabilities, operates six habilitation centers which provide ICF/MR level of care in a structured environment for approximately 944 consumers on their campuses. The primary mission of these six facilities is to provide active treatment and habilitation in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) residential setting. Consumers served by the habilitation centers are diagnosed with developmental disabilities ranging from mild to severe, with the majority being in the severe/profound range. In addition, forensic admissions into habilitation centers has continued to increase. Some habilitation centers also serve individuals who are medically fragile.

In FY 2007, funds were appropriated through the Staffing Standards Pool for additional direct care and professional staff to ensure that health and safety needs of complex care consumers living at the habilitation centers are being met. The additional direct care staff are required to meet the health and safety needs of complex care consumers living at the habilitation centers that require one on one and sometimes two on one staffing due to increased behaviors. The additional professional staff are needed to help address specific treatment issues such as occupational therapy, speech therapy, and physical therapy which is necessary to ensure active treatment complies with ICF/MR standards.

Where is the program located?

Two of the Division's six habilitation centers are located in St. Louis (Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Center). There are also habilitation centers located in Higginsville, Marshall, Nevada, Poplar Bluff, and Sikeston (Southeast Missouri Residential Services).

What is the authorization for this program?

State statutes: Chapter 633, RSMo 2005

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No. The habilitation center ICF/MR services are a MO HealthNet service that Missouri has included in its MO HealthNet program.

Are there federal matching requirements?

No.

Does this program generate other revenues?

All the habilitation center inpatient facilities are certified under Title XIX intermediate care facilities for mentally retarded (ICF/MR) MO HealthNet program to receive 63% federal reimbursement of costs for eligible residents. In FY 2007, the Division collected and deposited to General Revenue approximately \$57 million for these ICF/MR billings. In addition, costs for those clients living off-campus in their communities are also eligible for 63% federal reimbursement under the MR waiver program.

Mental Health - Book 3, Page 20

Governor Recommended New Decision Items:

ICF/MR Provider Tax - \$4,355,142 GR and 0.00 FTE

General Structure Adjustment (COLA) - \$59,624 GR and 0.00 FTE

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$7,683,439	\$5,653,837	\$10,153,603
FEDERAL	\$0	\$3,024,764	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$10,708,203	\$5,653,837	\$10,153,603

FTE: 97.70

Supplemental appropriations in the amount of \$6,627,641 GR and \$266,092 Federal are included in FY 2007 actual expenditures.

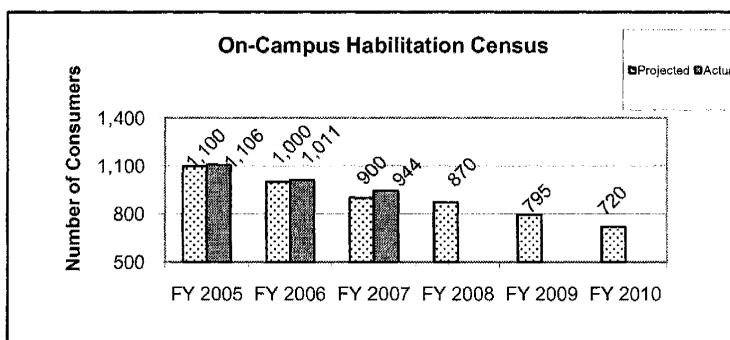
What are the sources of other funds?

N/A

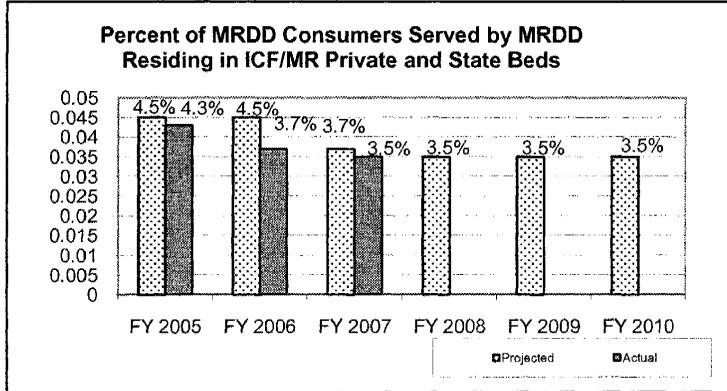
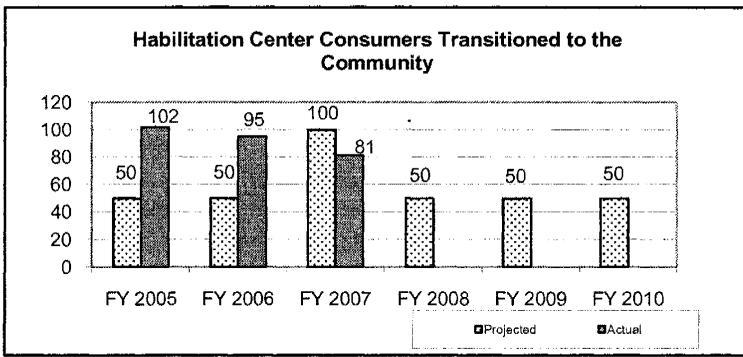
Who is eligible?

To be eligible for habilitation center ICF/MR services, an individual must meet the Division's definition of having a developmental disability as set forth in 630.005 RSMo, and meet Division criteria of requiring placement in a habilitation center.

How many people have been served?



Efficiency and Effectiveness Measures:



MRDD In-Home Supports

What does this appropriation support?

The Division of Mental Retardation and Developmental Disabilities operates a community-based service delivery system through its eleven regional offices. The Division's community programs funding provides an array of community supports and services, including in-home supports, to families who choose to have their sons and daughters cared for in their own homes, thus enabling them to fully be included in all aspects of home, school, and community life.

Traditional in-home support services are provided for individuals who reside in their own home or with their own family, but who do not receive residential services. This program allows families who have made a personal and financial commitment to care for their children and adults in their homes to be supported in their care-giving and decision-making roles.

In-home supports are directed toward the following: preserving the natural family structure, access of generic supports available at the local level, giving families a choice in selecting support services which meet their needs, allowing consumers and families to participate in as many life experiences as possible, and giving consumers an opportunity to choose their own service providers. In addition, elderly and chronically ill parents will know their child with developmental disabilities will have supports to

Where is the program located?

In-home providers of the Division are located throughout the state.

What is the authorization for this program?

State statutes: Chapter 633, RSMo, 2005 (support services defined in Sections 630.405 through 630.460, RSMo, 2005)

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No. However, the Division agrees to certain mandated terms as part of the MO HealthNet Waiver.

Are there federal matching requirements?

The Division provides 37.06% of the cost of services that it provides to eligible consumers.

Does this program generate other revenues?

For persons served through the Home and Community-Based Waiver, the Division uses General Revenue (GR) funds to match federal funds to pay for residential and support services through MO HealthNet.

Mental Health - Book 3, Page 38

Governor Recommended New Decision Items: (Amounts reflect total funds requested for Community Programs)

ICF/MR Provider Tax - \$753,180 FED and 0.00 FTE

Person Centered Planning - \$167,000 FED and 0.00 FTE

Caseload Growth - \$3,536 GR and \$5,382 FED and 0.00 FTE

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$19,059,158	\$14,880,166	\$16,770,431	\$17,598,321
FEDERAL	\$22,873,083	\$28,634,801	\$29,754,349	\$30,784,278
OTHER	\$1,585,922	\$1,567,211	\$1,465,180	\$1,479,832
TOTAL	\$43,518,163	\$45,082,178	\$47,989,960	\$49,862,431

FTE: 0.00

Note: Program expenditures for Autism are included in the above numbers.

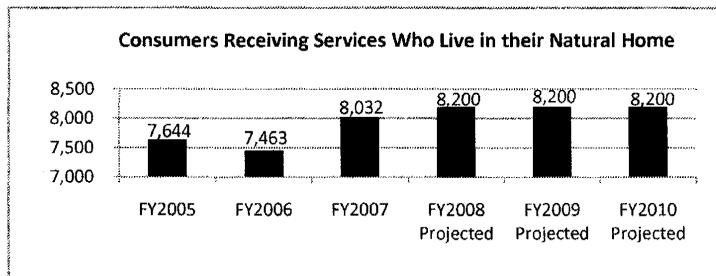
What are the sources of other funds?

FY 2005 - 2007 this includes Mental Health Trust Fund (0926) and Mental Health Inter-Agency Payment Fund (0109). In FY 2008 and FY 2009, this includes Mental Health Local Tax Match (0930) and Mental Health Interagency Fund (0109).

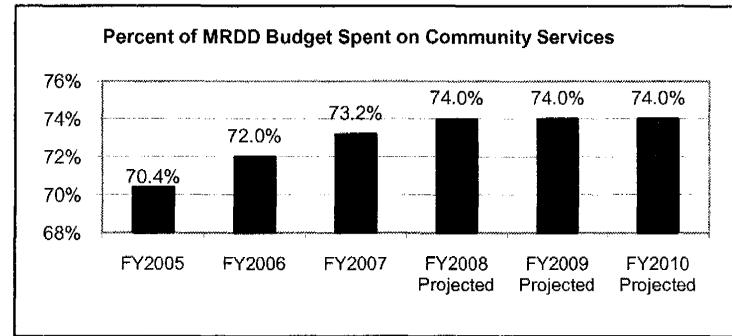
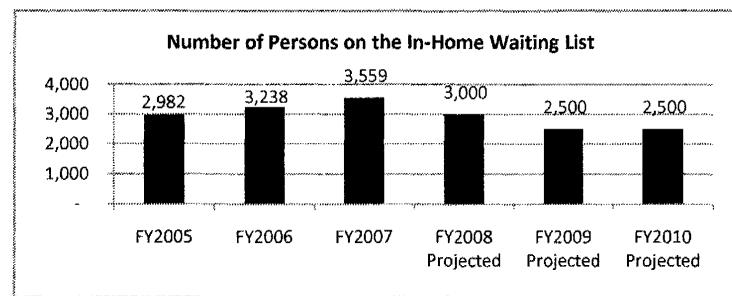
Who is eligible?

To be eligible for services, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?



Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items: (Amounts reflect total funds requested for Community Programs)

Community Provider Inflationary 1% Increase - \$1,556,494 GR,

\$2,521,944 FED and \$155,352 Other and 0.00 FTE

MO HealthNet Match Adjustment - \$2,461,201 FED and 0.00 FTE

MRDD Residential Services

What does this appropriation support?

The Division of Mental Retardation and Developmental Disabilities operates a community-based service delivery system through its eleven regional offices. The Division's community programs funding provides an array of community supports and services, including community residential services, to families who choose to have their sons and daughters cared for in an appropriate residential option, which enables them to be fully included in all aspects of the surrounding community life.

Residential services provided by the Division includes programs for individuals living in congregate or individualized settings such as group homes, residential centers, apartments, individualized supported living, or family living arrangements.

The community programs funding includes state match and Federal authority to draw down funds for MO HealthNet programs, such as MR Home and Community-Based waiver, the Community Support Waiver, the Sarah Jian Lopez waiver, and for community Intermediate Care Facilities for the Mentally Retarded (ICF/MR).

Where is the program located?

Residential providers of the Division are located throughout the state.

What is the authorization for this program?

State statutes: Chapter 633, RSMo, 2005
(traditional residential defined in Sections 630.605 through 630.660 and 633.110, RSMo, 2005)

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No. However, the Division agrees to certain mandated terms as part of the MO HealthNet Waiver.

Are there federal matching requirements?

The Division provides 37% of the cost of services that it provides to eligible consumers.

Does this program generate other revenues?

For persons served through the Home and Community-Based Waiver, the Division uses General Revenue (GR) funds to match federal funds to pay for residential and support services through MO HealthNet.

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What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 20089 Gov. Rec.
GR	\$89,084,745	\$111,858,739	\$126,068,438	\$132,291,939
FEDERAL	\$191,538,716	\$215,256,526	\$223,672,510	\$231,414,799
OTHER	\$10,613,479	\$14,777,053	\$14,069,971	\$14,210,671
TOTAL	\$291,236,940	\$341,892,318	\$363,810,919	\$377,917,409
			FTE:	0.00

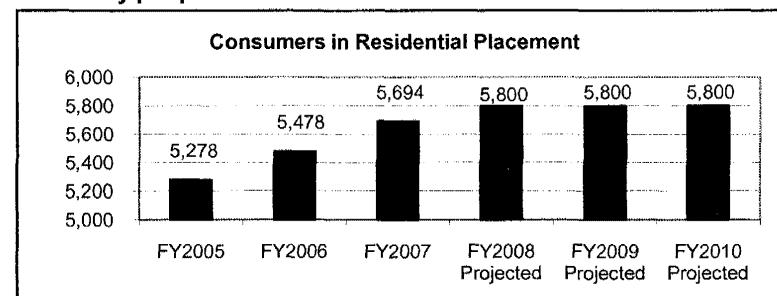
What are the sources of other funds?

FY 2005 - 2007 this includes Mental Health Trust Fund (0926) and Mental Health Inter-Agency Payment Fund (0109). In FY 2008 and FY 2009, this includes Mental Health Local Tax Match (0930) and Mental Health Interagency Fund (0109).

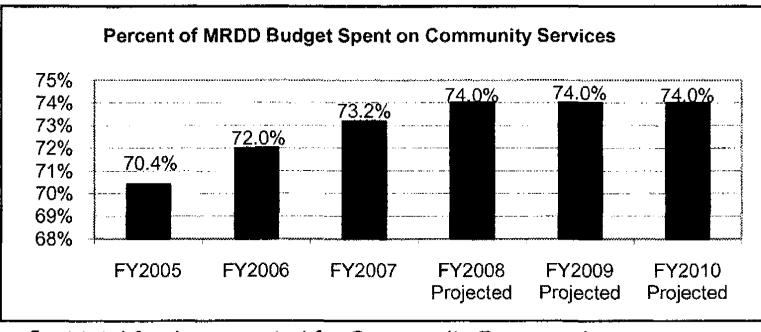
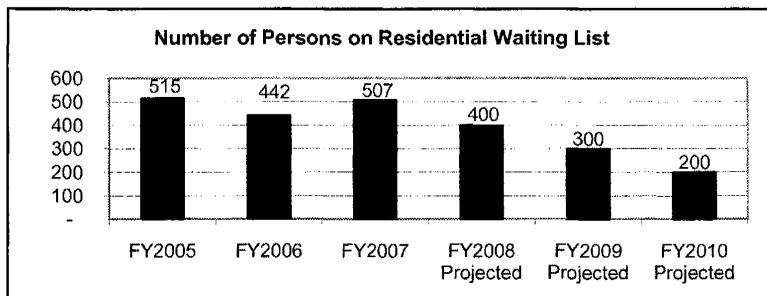
Who is eligible?

To be eligible for services, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?



Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items: (Amounts reflect total funds requested for Community Programs)

ICF/MR Provider Tax - \$753,180 FED and 0.00 FTE

Person Centered Planning - \$167,000 FED and 0.00 FTE

Caseload Growth - \$3,536 GR and \$5,382 FED and 0.00 FTE

Community Provider Inflationary 1% Increase - \$1,556,494 GR, \$2,521,944 FED and \$155,352 Other and 0.00 FTE

MO HealthNet Match Adjustment - \$2,461,201 FED and 0.00 FTE

MRDD Targeted Case Management

What does this appropriation support?

The Division of Mental Retardation and Developmental Disabilities (MRDD) assures that every consumer admitted to the Division is assigned a case coordinator who is responsible for that person's service plan. The case manager works with the consumer's family, interested parties and staff at the regional office to develop a person-centered plan with services based on goals and needs for that consumer. Once the plan is agreed upon and put in place, the case manager is responsible for arranging those services and monitoring their delivery. The case manager is the contact person for the regional office for questions and concerns from family members, physicians and providers. They also coordinate necessary paperwork and applications required of the family or guardian.

An effective, well trained case manager is the crucial link between the consumer and family and the Division's service delivery system. Working through service contract details, MO HealthNet changes, authorizations, ISL budgets and other paperwork, the case manager ensures that services are available and delivered to the satisfaction of the consumer or family, and in accordance with department guidelines and regulations.

Where is the program located?

MRDD regional offices have budgeted 442 case managers and an additional 44 case management supervisors. There are 24 counties with Senate Bill 40 boards that have also been granted authority to provide case management on behalf of the Division. Regional offices, SB 40 boards, and affiliated community service providers provide services throughout the state.

What is the authorization for this program?

State statutes: Sections 633.100 through 633.160 RSMo, 2005

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

MRDD is reimbursed 63% of the cost of case management to eligible consumers. MO HealthNet requires that the regional offices and SB40 boards cover the 37% share with state funds.

Does this program generate other revenues?

The Division receives 63% reimbursement on eligible consumers from MO HealthNet through the Targeted Case Management program. Counties that provide case management are also able to bill and obtain reimbursement from MO HealthNet through agreements with MRDD.

Mental Health Book - Book 3, Page 48

Governor Recommended New Decision Items: (Amounts reflect total funds requested for Community Programs)

ICF/MR Provider Tax - \$753,180 FED and 0.00 FTE

Person Centered Planning - \$167,000 FED and 0.00 FTE

Caseload Growth - \$3,536 GR, \$5,382 FED and 0.00 FTE

General Structure Adjustment (COLA) - \$179,708 GR, \$223,874 FED and 0.00 FTE

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$10,304,734	\$10,381,651	\$10,693,101	\$6,419,977
FEDERAL	\$8,227,256	\$8,466,011	\$8,466,011	\$8,621,502
OTHER	\$0	\$0	\$2,000,000	\$2,000,000
TOTAL	\$18,531,990	\$18,847,662	\$21,159,112	\$17,041,479
			FTE:	335.67

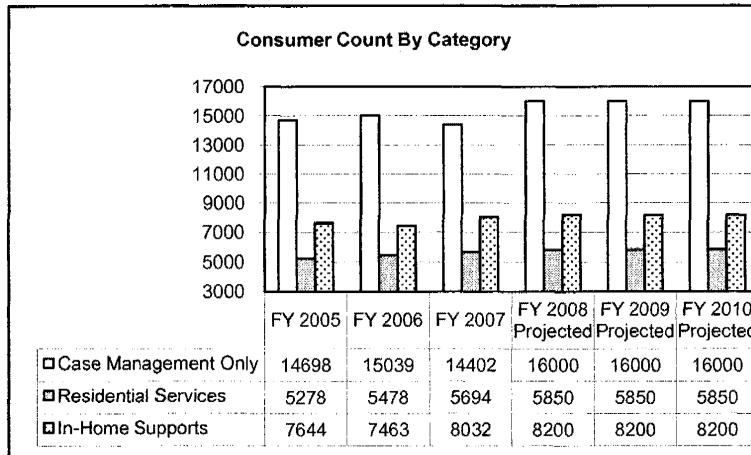
What are the sources of other funds?

In FY 2008 and FY 2009, \$2,000,000 is budgeted in Mental Health Local Tax Match Fund (0930) to support private case management.

Who is eligible?

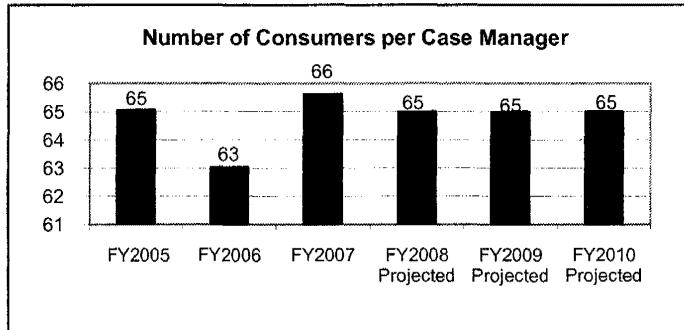
To be eligible for services, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?



Efficiency and Effectiveness Measures:

To maintain or decrease the number of consumers per case manager at regional offices.



MRDD Autism

What does this appropriation support?

Autism and autistic-like symptoms are the results of a neurological disorder that affects brain functioning which interferes with communication, learning, behavior and social development. The National Institutes of Health (2004) and the Centers for Disease Control and Prevention (2001) report that the prevalence of autism and autism spectrum disorders is estimated to occur in as many as one in every 166 individuals. This equates to over 33,706 persons in Missouri.

The Division of MRDD established the autism program in 1991 as a pilot in Central Missouri. Working with Department of Mental Health, families designed a system in which providers chosen by an advisory committee comprised of family members of individuals who have autism deliver support services in homes. Since 1991, similar consumer-driven autism projects have been developed throughout the state. In FY 2007, funding in this appropriation provided autism supports and services to approximately 2,693 individuals through Missouri's Autism Projects. There are over 4,216 individuals with an autism diagnosis who are served by the Division of MRDD. In total, approximately \$43 million is being spent on consumers with an autism diagnosis.

FY 2008 additional funds were appropriated to address diagnostic waiting lists at three hospitals (Cardinal Glennon, Children's Mercy, University of Missouri) and at an intensive treatment pilot program in Joplin. Funding was also added to the existing 5 regional autism projects to address waiting lists.

Where is the program located?

There are consumer-driven autism projects located in the east, northwest, central, southeast and southwest areas of the state.

What is the authorization for this program?

State statutes: Chapter 633, RSMo, 2005 (support services defined in Sections 630.405 through 630.460, RSMo, 2005)

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Mental Health Book - Book 3, Page 53

Governor Recommended New Decision Items:

Specialized Autism Services - \$4,506,370 GR and 2.00 FTE

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$3,200,659	\$3,210,705	\$7,456,919	\$10,243,338
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$3,200,659	\$3,210,705	\$7,456,919	\$10,243,338

FTE: 2.00

What are the sources of other funds?

N/A

Who is eligible?

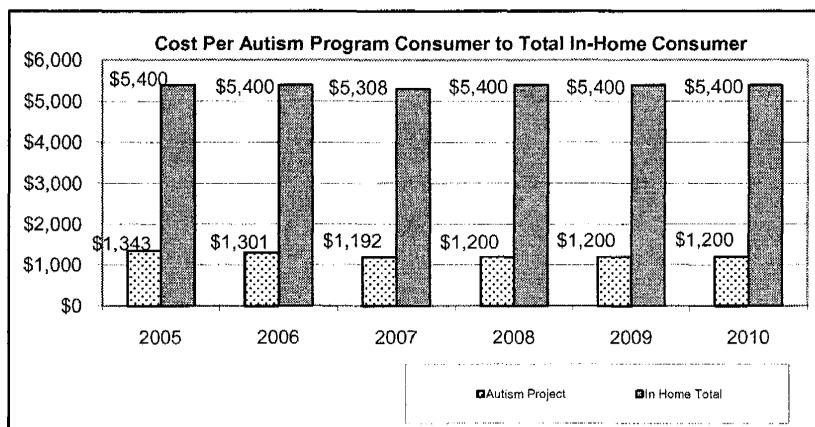
To be eligible for services, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?

Numbers of consumers served by Autism project:

	2005	2006	2007	2008	2009	2010
	Projected	Projected	Projected	Projected	Projected	Projected
East	233	381	494	540	615	615
Northwest	320	315	322	352	427	427
Central	740	702	678	700	775	775
Southeast	295	289	300	330	405	405
Southwest	796	774	899	928	1,003	1,003
	2,384	2,461	2,693	2,850	3,225	3,225

Efficiency and Effectiveness Measures:



Community Support Staff

What does this appropriation support?

The Division of Mental Retardation and Developmental Disabilities (MRDD) assures that every consumer admitted to the Division is assigned a case coordinator who is responsible for that person's service plan. The case manager works with the consumer's family, interested parties and staff at the regional office to develop a person-centered plan with services based on goals and needs for that consumer. An effective, well trained case manager is the crucial link between the consumer and family and the Division's service delivery system. Working through service contract details, MO HealthNet changes, authorizations, ISL budgets and other paperwork the case manager ensures that services are available and delivered to the satisfaction of the consumer or family, and in accordance with department guidelines and regulations.

In FY 2009, the Division will start to aggressively develop community partnerships to transfer case management duties to SB 40 Boards and other local entities to reduce or eliminate the regional office case management functions. Funding and FTEs from regional offices have been redirected in FY 2009 to the MRDD Community Support Staff section. This section will include funding for all Case Manager I, II and III, Case Management Assessment Supervisors and Quality Assurance positions. The funding will be allocated to the appropriate regional office to address caseloads. Community Support Staff will continue to provide case management services and oversee the service delivery system.

Where is the program located?

Service coordinator and quality assurance positions will comprise this house bill section in FY 2009. These positions are housed throughout the state in the Division of MRDD's regional offices.

What is the authorization for this program?

State statutes: Sections 633.100 through 633.160 RSMo, 2005

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

MRDD is reimbursed 63% of the cost of case management to eligible consumers. MO HealthNet requires that the regional offices and SB40 boards cover the 37% share with state funds.

Does this program generate other revenues?

The Division receives 63% reimbursement on eligible consumers from MO HealthNet through the Targeted Case Management program.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	349,870	\$0	\$0	\$6,419,977
FEDERAL	770,221	\$0	\$0	\$8,621,502
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,120,092	\$0	\$0	\$15,041,479

FTE: 335.67

Note: In FY 2006, Community Support Staff program funding was moved to Community Programs, and PS/EE funds were moved to the appropriate regional offices. Regional office restructure in FY 2009 will move all service coordinator and quality assurance positions into the Community Support Staff house bill section, however, quality assurance positions are shown with regional office expenditures.

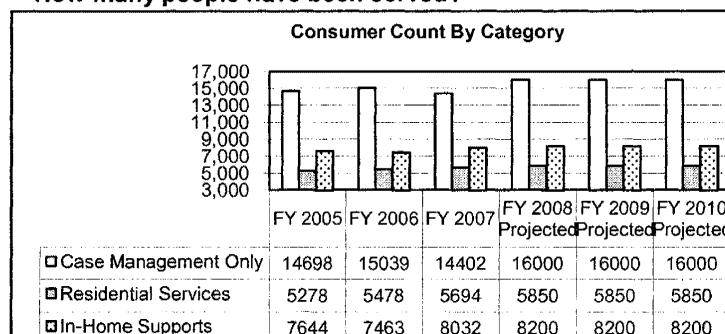
What are the sources of other funds?

N/A

Who is eligible?

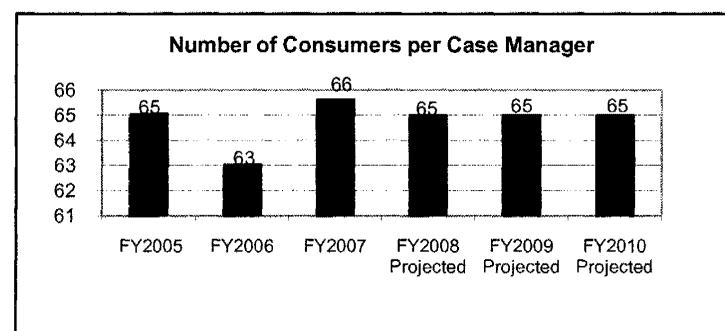
To be eligible for services from the Division of MRDD, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?



Efficiency and Effectiveness Measures:

To maintain or decrease the number of consumers per case manager at regional offices .



Mental Health Book - Book 3, Page 96

Governor Recommended New Decision Items:

Healthcare Risk Reduction Program - \$250,000 GR, \$250,000 FED and 0.00 FTE

General Structure Adjustment (COLA) - \$179,708, \$223,874 FED and 0.00 FTE

Developmental Disabilities Act

What does this appropriation support?

The Missouri Planning Council for Developmental Disabilities is a federally funded, 23-member, consumer-driven council appointed by the Governor. It is funded through Federal Legislation, PL 106-402. Its mandate is to plan, advocate, and give advice concerning programs and services for persons with developmental disabilities that will increase their opportunities for independence, productivity, and integration into communities. The Council's Mission is: "To assist the community to include all people with developmental disabilities in every aspect of life."

Where is the program located?

Most staff employed by the Missouri Planning Council/Developmental Disabilities Act are located in Jefferson City, with the exception of one staff person who is housed in Kirksville.

What is the authorization for this program?

State statutes: N/A

Federal law: PL 106-402, the Developmental Disabilities and Bill of Rights Act

Federal regulation: N/A

Is this a federally mandated program?

Yes, Federal Law 106-402 has placed DD Councils in all 50 states and the US Territories.

Are there federal matching requirements?

The state is required to provide a 1/3 in-kind match for the MPC's \$1,353,833. This is generally addressed through rent, utilities, administrative services, etc.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$1,394,883	\$1,209,698	\$1,353,833	\$1,560,098
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,394,883	\$1,209,698	\$1,353,833	\$1,560,098

FTE: 7.98

What are the sources of other funds?

N/A

Who is eligible?

The Developmental Disabilities Act does not allow its funds to be spent for direct services except through innovative programs that lead to system change. Rather, the council plans, advocates, and gives advice concerning programs and services for persons with developmental disabilities that will increase their opportunities for independence, productivity, and integration into communities.

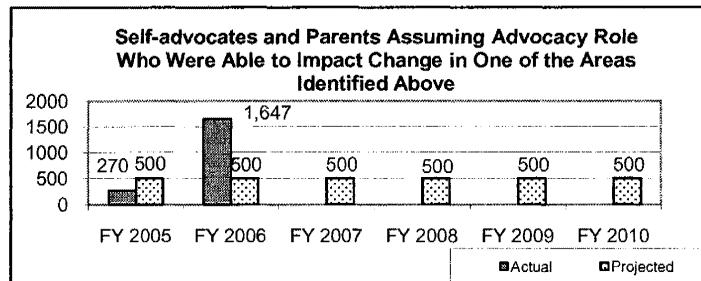
How many people have been served?

The Developmental Disabilities Act does not allow its funds to be spent for direct services except through innovative programs that lead to system change.

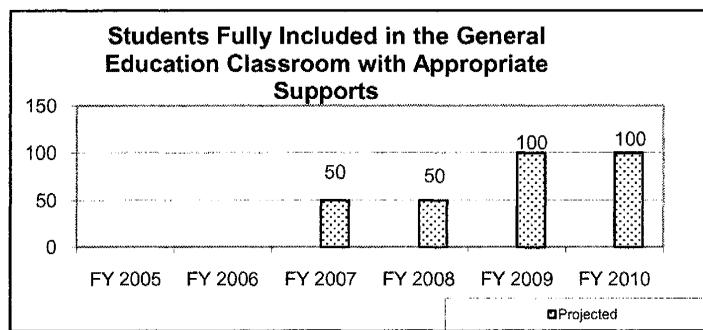
Efficiency and Effectiveness Measures:

Number of self-advocates and parents who assume advocacy role, who report that they were able to impact change in one of these areas:

Employment, Education & Early Intervention, Housing, Health, Child Care, Transportation, Quality Assurance, Formal & Informal Community Supports, or Legislation



Students with disabilities will be fully included in the general education classroom with appropriate supports by September 30, 2011.



Mental Health - Book 3, Page 118

Governor Recommended New Decision Items:

General Structure Adjustment (COLA) - \$10,850 FED and 0.00 FTE

Note: This objective was developed and implemented in FY 2007.

MRDD Targeted Case Management (Regional Offices)

What does this appropriation support?

The Division of Mental Retardation and Developmental Disabilities (MRDD) assures that every consumer admitted to the Division is assigned a case coordinator who is responsible for that person's service plan. The case manager works with the consumer's family, interested parties and staff at the regional office to develop a person-centered plan with services based on goals and needs for that consumer. Once the plan is agreed upon and put in place, the case manager is responsible for arranging those services and monitoring their delivery. The case manager is the contact person for the regional office for questions and concerns from family members, physicians and providers. They also coordinate necessary paperwork and applications required of the family or guardian.

An effective, well trained case manager is the crucial link between the consumer and family and the Division's service delivery system. Working through service contract details, MO HealthNet changes, authorizations, ISL budgets and other paperwork, the case manager ensures that services are available and delivered to the satisfaction of the consumer or family, and in accordance with department guidelines and regulations.

Where is the program located?

MRDD regional offices have budgeted 442 case managers and an additional 44 case management supervisors. There are 24 counties with Senate Bill 40 boards that have also been granted authority to provide case management on behalf of the Division. Regional offices, SB 40 boards, and affiliated community service providers provide services throughout the state.

What is the authorization for this program?

State statutes: Sections 633.100 through 633.160 RSMo, 2005

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

MRDD is reimbursed 63% of the cost of case management to eligible consumers. MO HealthNet requires that the regional offices and SB40 boards cover the 37% share with state funds.

Does this program generate other revenues?

The Division receives 63% reimbursement on eligible consumers from MO HealthNet through the Targeted Case Management program. Counties that provide case management are also able to bill and obtain reimbursement from MO HealthNet through agreements with MRDD.

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Governor Recommended New Decision Items: (Amounts reflect total funds requested for Community Programs)

ICF/MR Provider Tax - \$753,180 FED and 0.00 FTE

Person Centered Planning - \$167,000 FED and 0.00 FTE

Caseload Growth - \$3,536 GR, \$5,382 FED and 0.00 FTE

General Structure Adjustment (COLA) - \$179,708 GR, \$223,874 FED and 0.00 FTE

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$10,304,734	\$10,381,651	\$10,693,101	\$6,419,977
FEDERAL	\$8,227,256	\$8,466,011	\$8,466,011	\$8,621,502
OTHER	\$0	\$0	\$2,000,000	\$2,000,000
TOTAL	\$18,531,990	\$18,847,662	\$21,159,112	\$17,041,479

FTE: 335.67

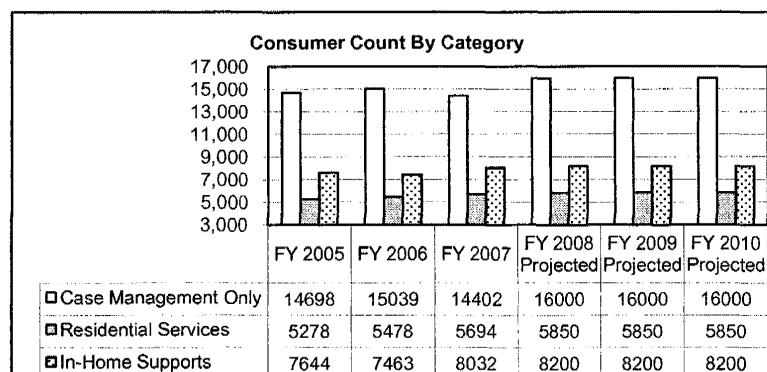
What are the sources of other funds?

In FY 2008 and FY 2009, \$2,000,000 is budgeted in Mental Health Local Tax Match Fund (0930) to support private case management.

Who is eligible?

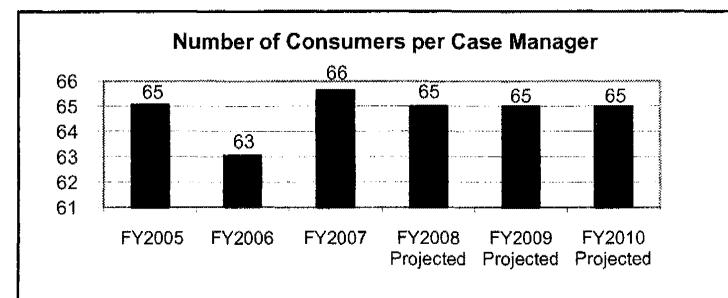
To be eligible for services, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?



Efficiency and Effectiveness Measures:

To maintain or decrease the number of consumers per case manager at regional offices.



MRDD Regional Offices

What does this appropriation support?

MRDD regional offices were established to act as the service entry points for all persons with developmental disabilities in the state. There are eleven regional offices around the state (located at Albany, Columbia, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, Sikeston, Springfield, and St. Louis), which are supported by numerous satellite locations. Each regional office services three to fifteen counties. The regional offices perform intake activities which help to determine if the individual is eligible for services.

After an individual is found eligible, a case manager is assigned. The regional office then works with the individual and family to identify the needed services or supports, and documents such services/supports in a person-centered plan. Regional office staff strive to meet individual's needs in the least restrictive environment possible, typically in or near the individual's home. Regional offices also develop and support the contract providers who deliver the majority of services in an individual's plan. This involves developing new contracts, training providers, and monitoring the services provided.

Where is the program located?

There are eleven regional offices around the state (located at Albany, Columbia, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, Sikeston, Springfield, and St. Louis), which are supported by numerous satellite locations.

What is the authorization for this program?

State statutes: Sections 633.100 through 633.160 RSMo, 2005

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No.

Are there federal matching requirements?

MRDD is reimbursed 63% of the cost of case management to MO HealthNet eligible consumers. MO HealthNet requires that the regional offices cover the 37% share with state funds.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$9,593,925	\$10,086,331	\$9,976,299	\$15,977,068
FEDERAL	\$1,709,000	\$1,938,601	\$2,000,000	\$3,002,140
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$11,302,925	\$12,024,932	\$11,976,299	\$18,979,208

FTE: 450.60

Note: FY2009 Gov Rec above includes regional office staff as well as quality assurance staff from the Community Support Staff HB section.

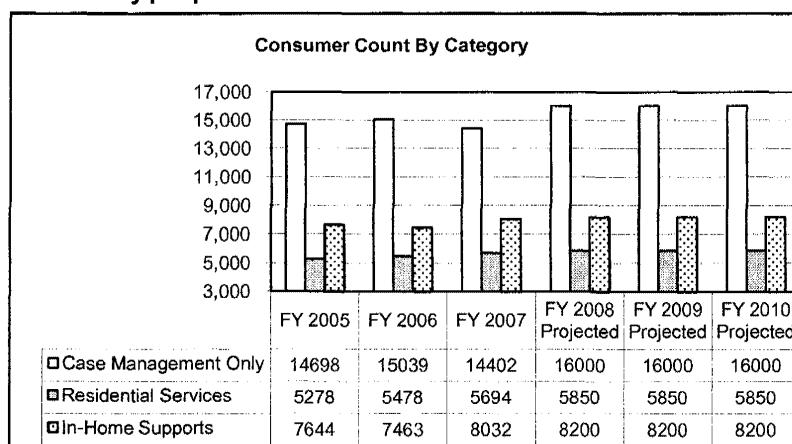
What are the sources of other funds?

N/A

Who is eligible?

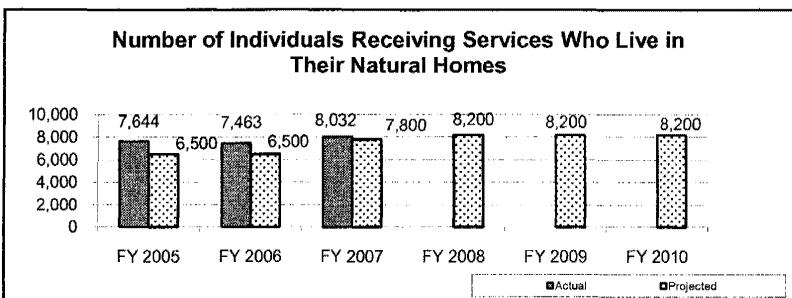
To be eligible for services, a person must meet the definition of having a "developmental disability" as defined in Missouri Revised Statutes Chapter 633. The disability must be manifested before the person attains age twenty-two; must be likely to continue indefinitely and result in substantial functional limitations in two or more of areas of major life activities.

How many people have been served?

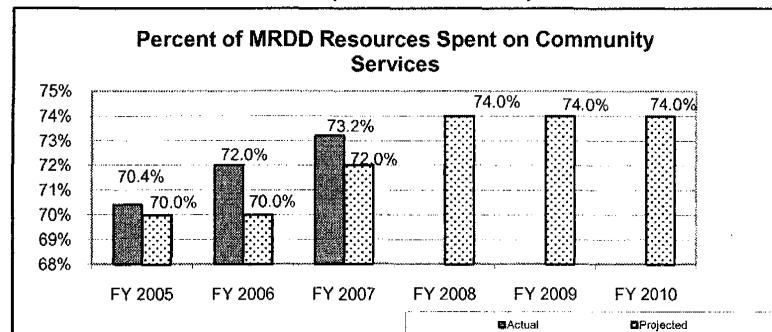


Efficiency and Effectiveness Measures:

To increase the number of individuals receiving services who live in their natural home.



Percent of MRDD resources spent on community services:



MRDD Habilitation Centers

What does this appropriation support?

As a part of the services system for persons with disabilities, the Division of Mental Retardation and Developmental Disabilities, operates six habilitation centers which provide ICF/MR level of care in a structured environment for approximately 944 consumers on their campuses. The primary mission of these six facilities is to provide active treatment and habilitation in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) residential setting. This often demands intensive seven-days-a-week active treatment under close professional supervision in an environment conducive to each individual's development. The habilitation centers also operate MO HealthNet Waiver ISL's (Individualized Supported Living) and group homes in the community for 87 persons who are able and prefer to reside in safe, nurturing environments in the community.

Consumers served by the habilitation centers are diagnosed with developmental disabilities ranging from mild to severe, with the majority being in the severe/profound range. In addition, forensic admissions into habilitation centers has continued to increase. Some habilitation centers also serve individuals who are medically fragile.

Where is the program located?

Two of the Division's six habilitation centers are located in St. Louis (Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Center). There are also habilitation centers located in Higginsville, Marshall, Nevada, Poplar Bluff, and Sikeston Missouri (Southeast Missouri Residential Services).

What is the authorization for this program?

State statutes: Chapter 633, RSMo 2005

Federal law: N/A

Federal regulation: N/A

Is this a federally mandated program?

No. The habilitation center ICF/MR services are a MO HealthNet service that Missouri has included in its MO HealthNet program.

Are there federal matching requirements?

No.

Does this program generate other revenues?

All the habilitation center inpatient facilities are certified under Title XIX intermediate care facilities for mentally retarded (ICF/MR) MO HealthNet program to receive 63% federal reimbursement of costs for eligible residents. In FY 2007, the Division collected and deposited to General Revenue approximately \$57 million for these ICF/MR billings. In addition, costs for those clients living off-campus in their communities are also eligible for 63% federal reimbursement under the MR waiver program.

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Governor Recommended New Decision Items:

Increased Medical Costs - \$122,100 GR and 0.00 FTE
 Hab Center CI Projects - \$301,867 MHHTF and 0.00 FTE
 General Structure Adjustment (COLA) - \$282,483 GR, \$89,760 FED and 0.00 FTE

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$96,124,879	\$93,124,758	\$93,534,632	\$100,933,384
FEDERAL	\$6,040,514	\$8,115,058	\$5,269,513	\$4,122,153
OTHER	\$126,268	\$645,257	\$0	\$0
TOTAL	\$102,291,661	\$101,885,073	\$98,804,145	\$105,055,537
			FTE:	2,862.83

Note: Habilitation Center Staffing Pool Funds are included above.

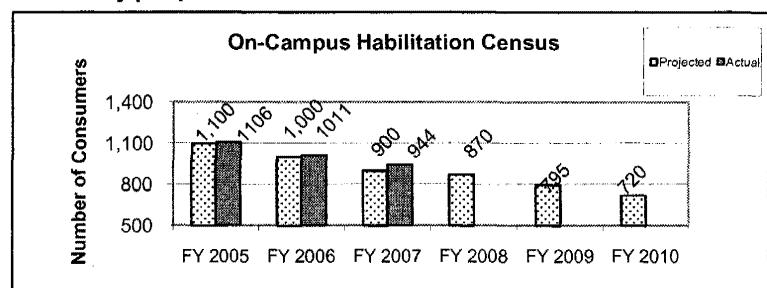
What are the sources of other funds?

Other funds include the Mental Health Housing Trust Fund (MHHTF) for Habilitation Centers Capital Improvements funds which were totally expended in FY 2007.

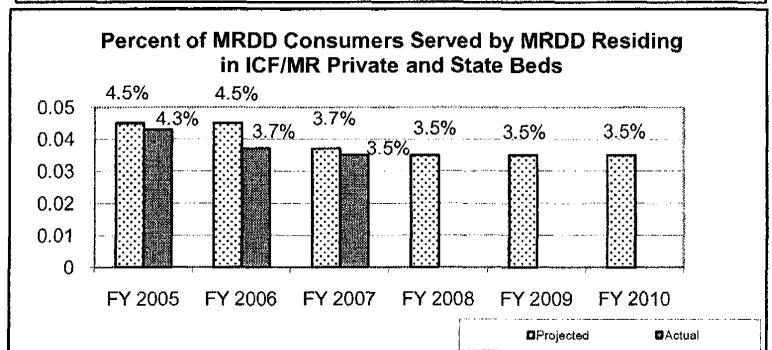
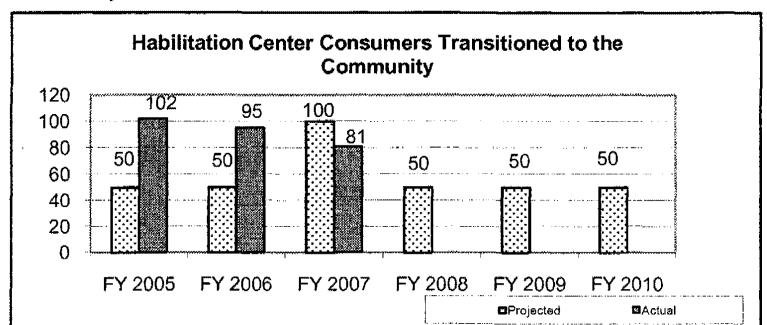
Who is eligible?

To be eligible for habilitation center ICF/MR services, an individual must meet the Division's definition of having a developmental disability as set forth in 630.005 RSMo, and meet Division criteria of requiring placement in a habilitation center.

How many people have been served?



Efficiency and Effectiveness Measures:



Increased Food Costs - \$65,729 and 0.00 FTE

PAB Approved Repositionings - CAT and Security Aide Elimination, Psychologist Retention, Psychiatrist Pay Increase - \$57,444 GR, \$34,815 FED and 0.00 FTE

PAB Approved Repositioning - \$82,859 GR and 0.00 FTE